. PLACE OF DEATH	11700
County Indend	Registration Dist. No. 137
Village or City Libertylanou	No. St. War
T (If	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred . 9 yrs	ds. How long In U.S. If of foreign birth?
. FULL NAME Martha Ukenelle	klough
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Moor,  (Month)  (Day)  (Year)
If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. That I attended deceased fro
DATE OF BIRTH (month, day, and year) June 10-1867	I last saw how aliva on 200. 13 1926; death is sa
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11.50 mP24.
69 5 3 1 day,hrs. ormin,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Date of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL,	Ceretoal Hennework Da. 7/
SAW MILL, BANK, etc	
this occupation (month and spent in this year) occupation	
Pil-++ Min	Other Coutributory Causes of importance:
BIRTHPLACE (city or town) (State or country)	£
13. NAME Edward album	
Do 1 d	No. of a sale
14. BIRTHPLACE (city or town)  (State or country)	Nama of operation Date of
15. MAIDEN NAME V - Col Unkerson	What test confirmed diagnosis? Was there an autopsy?
A de l	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
INFORMANT Thos. Sim albangh	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Levally lu Date Wow 16, 1936	Nature of Injury
UNDERTAKER Towall & fillaufy (Address) All regions med	24. Was disease or Injury In any way related to occupation of deceased?
FILED NOV 16, 1936	(Signed) A M. Baell M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 9 1036			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

M)	item of infor- should state of OCCUPA-
& C	PHYSICIANS xact statement
BINDING	PERMANENT REXACTLY.
FOR	IS A stated prope
IN RESERVED FOR BINDING	DING INK-THIS IS A PERMANENT REC. D. Every item of infor- l. AGE should be stated EXACTLY. PHYSICIANS should state so that it may be properly classified. Exact statement of OCCUPA-
H	

TION is very important. See instructions on back of certificate. UNFA mation should be carefully supplied CAUSE OF DEATH in plain terms, B.-WRITE PLAI ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	11409
County Trelevick	Registration Dist. No. 144
/ Village or City Englers Valley	NoSt.,Ward
Length of residence in city or town where deeth occurredyrsmo	f death occurred in a hospital or institution, give its NAME instead of street and number)  s
2. FULL NAME LATELICE Williams Will	Yausclessif U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (révite the word)	21. DATE OF DEATH  (Month)  (Dey)  (Yeer)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, end year)	t last saw h Man alive on Now . 1 , 19 36; daath is said
7. AGE Years Months Days if LESS then 1 day,hrs.	to have occurred on the dete stated above, et
9 Trade profession or particular	Laban braunowa Oct 24
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month and	J /936
10. Date deceased lest worked at this occupation (month and yeer)	
12. BIRTHPLACE (city or town) Eylero Valley (State or country)	Other Contributory Causes of importence:
13. NAME Carence alexander	· · · · · · · · · · · · · · · · · · ·
13. NAME La rende Alexander  14. BIRTHPLACE (city or town). Many long d  (State or country) Meshydard	Name of operation
15. MAIDEN NAME Margaret / Les	23, if deeth wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accidant, suicide, or homicide?
17. INFORMANT Larly CAddress) Thurwork with R. 3	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL being Chafail Place Sabullas wille unde 11/4, 1936	Menner of injury
19. UNDERTAKER W. Jan Shuff January 14.	24. Wes diseasa or injury in any wey raleted to occupation of deceasad?
20. FILED Mov. 4 , 1936 anna M. Registrar.	(Signed) M. D. (Address) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	, 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

for sultinization & Che	FURTHER STAT	EMENTS BY P	HYSICIAN SEE beith	certificat
	0	0		12/18-136

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1 DIACE OF BEATH	to 1 M 1
County Frederick within the	Registration Dist. No. 3
Village or City Frederick City.	7/
Village of City 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	St., Ward  (If death occupied in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,fm	os. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Margaret & Baken	If U. S. Veteran, specify WAR NO
(a) Residence: No. Southwille, Va	St., Ward. Lowthwille U.
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	my 23 193 6
52. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	1936, to NOV 2 3, 1936
6. DATE OF BIRTH (month, day, and year) fune 14, 1973	70
7. AGE Years Months Days tf LESS than 1 day,hr.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
/ 5   ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
▼ 1 9. Industry of pusiness in which  ■ 1 9. Industry of pusiness	concoma 2 Orango up
CAW WILL DANK	K1
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) Orginia	
(State or country)	
13. NAME Tuber Jaken	
4 14. BIRTHPLACE (city or town)	Name of operation of plus along Date of My 2
~ (State of country)	What test confirmed diagnosis?
WI 15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Urginia. (State or country)	Accident, suicide, or homicide? Date of Injury,19
Citate of country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Auter Joken	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL fouttainly Vi	. Harris of inform
Place Suron Cernitary Date 200 26 1930	Manner of injury Nature of injury
(2) 2/ 2 + 2.0 -1	A).
19. UNDERTAKER (Address) (Address) (Address)	24. Was disease or injury in any way related to occupation of deceased?
	(Signed) A Monuel M. D
20. FILED 24 - Nov., 1936 All Levely	(Address) Ineperior W

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage DEC 5 1930	July 5,1927	Peritonitis	3 days ago
WILEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SALLY, S.			
Other contributory causes of importance:	-90	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STAT	TEMENTS BY PHYSICIAN
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	STATE OF MARYLAND—	CERTIFICATE OF DEATH 11413
1	. PLACE OF DEATH	107-01
	County Frederick	Registration Dist. No.
	Village or City Mt. Philips	No. R.F. D. 5, St., Ward
	Length of residence in city or town where death occurredyrs,7mos.	death occurred in a hospital or institution, give its NAME instead of street and number)ds
2	FULL NAME Eugene Boyer	Olythy S. Weteran, specify WAR Wall
•	(a) Residence: No. R. J. D. 5 - Andlewick In	Ward. Mt. Philips, Fred'k Co
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS  14. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
	Male White OR DIVORCED (write the word) Single	November 1, 193 6 (Month) (Day) (Year)
5a.	If married, widowed, or divorced HUSBAND of	22. A LHEREBY CERTIFY, That I ettended deceased from
	(or) WIFE of	(Oct 5 Uh, 1936, to Nor 14, 1934
_	DATE OF BIRTH (month, day, and year) March 22, 1936	I last saw h_im_ alive on, 193(_; death is seld
7.	AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, atD_L_m.  The PRINCIPAL CAUSE OF DEATH and related causes of importence
	8. Trade, profession, or particular	were es follows:
2	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	mulling Ineimma out
OCCUPATION	9 Industry or husiness in which	306
D C C	work was done, as SILK MILL, SAW MILL, BANK, etc	177
Ö	this occupation (month end year) spent in this occupation	15/ 64
12.	BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
_	(State or country) Frederick County, Md.	1334
HER	13. NAME John O. Boyer	Commenter Ot Sty 1834
FATHER	14, BIRTHPLACE (city or town)  (State or country)  (State or country)	Name of operation
-	(Stete or country) Mary Tarid  15. MAIOEN NAME Viola Roberts	What test confirmed diagnosis? Wes there an autopsy
MOTHER	13. MAIDER RAME	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?, 19, 19
MO	16. BIRTHPLACE (city or town) Maryland (State or country)	Where did injury occur?
17	INFORMANT Eugene Boyer	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
	(Address) Frederick, R. F. D.	
18	BURIAL, CREMATION, OR REMOVAL Place Middletown, Md pate 11/3, 19 36	Manner of Injury
		Nature of Injury
19	UNOERTAKER M. R. Etchison & Son (Address) Frederick, Md.	24. Was disease or injury in any way related to occupation of deceased?
	07 3/9 016 0/	(Signed) Mynth M. I
20	FILEO - NOV., 19. 2	(Address) 1914 Sent Has
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
V. 5. 1					
Other contributory causes of importance:		Other contributory causes of importance:	- 1		
Gallstones	May 1,1923	Gastroenteritis	1 year		
			Telefiller		

ADDITIONAL SPACE FO	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC	TION is very important. See instructions on back of certificate.	
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1. PLACE OF DEATH  County I've device.  County I've	STATE OF MARYLAND—	CERTIFICATE OF DEATH 11414
Village or City  Oth SVI	1. PLACE OF DEATH	(ME)
Comparison of the comparison	county trederick	Registration Dist. No. 135
Laught of residence in city or town where dath occurred	Village or City Wolfsville RFD	
(a) Residence: No.  (Usual place of abodo)  PERSONAL AND STATISTICAL PARTICULARS  3. SIX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED Convict the word)  Say, If married, widowed, or divorced (or) wife of Out and State of Color of S		
(a) Residence: No.  (Usual place of abodo)  PERSONAL AND STATISTICAL PARTICULARS  3. SIX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED Convict the word)  Say, If married, widowed, or divorced (or) wife of Out and State of Color of S	2 FILL NAME Ada Alice BRANDONEL	RC. If II S Veteran specify WAR
Considering two city or town and State		
3. SEX  4. COLOR OR RACE  OR DIVORCES (write the word)  THIS AND OF THE LACE (city or town)  S. If MATTER AND COLOR OF RACE  OR DIVORCES (write the word)  THE PRIVATE (city or town)  STAN AND OF THE LACE (city or town)  STAN AND OF T	(Usual place of abode)	If nonresident give city or town and State
58. If married, victowed, or divorced HISSAND (Month) (Day) (Year)  59. If married, victowed, or divorced HISSAND (Month) (Day) (Year)  59. If married, victowed, or divorced HISSAND (Month) (Day) (Year)  59. If married, victowed, or divorced HISSAND (Month) (Day) (Year)  59. If married, victowed, or divorced HISSAND (Day) (Month) (Day) (Year)  59. If married, victowed, or divorced HISSAND (Day) (Month) (Day) (Year)  50. DATE OF BIRTH (month, day, and year) Sept 1 [155 than 1 day) (Day) (		
HISSAND OF (or) WIFE of OUTION Branderbourd  6. DATE OF BIRTH (month, day, and year) S = p 29 1875  7. AGE Years Months Ouys ITLESS than I day,	Ternale White Marvieth (write the word)	Nov. 10, 1936
7. AGE Years Months Oays If LESS than 1 day,	HUSBAND of	22. O LI HEREBY CERTIFY, That I attended decassed from 1936, to 200, 1936
The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:    Date of onset   Date of onset	6. DATE OF BIRTH (month, day, and year) Sept 29, 1875	I last saw h l aliva on 1000 6 , 193 6; death is said
Date of onset  Name of operation.  Name of ope	1 day hre	
Solution   Superior	6 / / ormin.	tuese or follower
Other Contributary Causes of Importance:	8. Trada, profession, or particular kind of work done, as SPINNER, House Wife SAWYER, BOOKKEEPER, etc.	Will broad State of the state o
Other Contributary Causes of Importance:	work was done, as SILK MILL,  SAW MILL. BANK atc.	
12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (State or country)  18. BURIAL, CREMATION, OR REMOVAL  (Place Wolfsylle Lyth: Date Mov. 13. 1936  Mannar of Injury  Natura of		Direction: sig months curly
What test confirmed diagnosis?  Was there an autopsy? PLO  What test confirmed diagnosis?  Was there an autopsy? PLO  Was there an autopsy? PLO  23. If death was due to external causes (VIOL ENCE) fill In also the following:  Accident, suicide, or homicide?  Accident, suicide, or homicide?  Where did Injury occur?  (Specify city or town, county and State)  Specify whathar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Was disease or injury  19. UNOERTAKER  Accident, suicide, or homicide?  Where did Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Mannar of Injury  Nature of injury  19. UNOERTAKER  Accident, suicide, or homicide?  Where did Injury occurr?  Specify whathar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Mannar of Injury  Nature of injury  19. UNOERTAKER  Accident, suicide, or homicide?  Where did Injury occurr?  Specify whathar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Mannar of Injury  Nature of injury  19. UNOERTAKER  Accident, suicide, or homicide?  Where did Injury occurr?  Specify whathar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Mannar of Injury  Nature of injury  Specify city or town, county and State)  Specify whathar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Mannar of Injury  Nature of injury  Specify city or town, county and State)  Specify whathar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Mannar of Injury  Nature of injury  Nature of injury  Specify city or town, county and State)  Specify city or town, county and State)  Specify whathar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Specify city or town, county and State)  Specify city or town, county		Other Contributory Causes of Importanca:
What test confirmed diagnosis?  Was there an autopsy? PLO  What test confirmed diagnosis?  Was there an autopsy? PLO  Was there an autopsy? PLO  23. If death was due to external causes (VIOL ENCE) fill In also the following:  Accident, suicide, or homicide?  Accident, suicide, or homicide?  Where did Injury occur?  (Specify city or town, county and State)  Specify whathar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Was disease or injury  19. UNOERTAKER  Accident, suicide, or homicide?  Where did Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Mannar of Injury  Nature of injury  19. UNOERTAKER  Accident, suicide, or homicide?  Where did Injury occurr?  Specify whathar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Mannar of Injury  Nature of injury  19. UNOERTAKER  Accident, suicide, or homicide?  Where did Injury occurr?  Specify whathar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Mannar of Injury  Nature of injury  19. UNOERTAKER  Accident, suicide, or homicide?  Where did Injury occurr?  Specify whathar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Mannar of Injury  Nature of injury  Specify city or town, county and State)  Specify whathar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Mannar of Injury  Nature of injury  Specify city or town, county and State)  Specify whathar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Mannar of Injury  Nature of injury  Nature of injury  Specify city or town, county and State)  Specify city or town, county and State)  Specify whathar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Specify city or town, county and State)  Specify city or town, county	# 13. NAME Cornelius Harshman	
What test confirmed diagnosis?  Was there an autopsy? PLO  What test confirmed diagnosis?  Was there an autopsy? PLO  Was there an autopsy? PLO  23. If death was due to external causes (VIOL ENCE) fill In also the following:  Accident, suicide, or homicide?  Accident, suicide, or homicide?  Where did Injury occur?  (Specify city or town, county and State)  Specify whathar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Was disease or injury  19. UNOERTAKER  Accident, suicide, or homicide?  Where did Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Mannar of Injury  Nature of injury  19. UNOERTAKER  Accident, suicide, or homicide?  Where did Injury occurr?  Specify whathar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Mannar of Injury  Nature of injury  19. UNOERTAKER  Accident, suicide, or homicide?  Where did Injury occurr?  Specify whathar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Mannar of Injury  Nature of injury  19. UNOERTAKER  Accident, suicide, or homicide?  Where did Injury occurr?  Specify whathar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Mannar of Injury  Nature of injury  Specify city or town, county and State)  Specify whathar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Mannar of Injury  Nature of injury  Specify city or town, county and State)  Specify whathar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Mannar of Injury  Nature of injury  Nature of injury  Specify city or town, county and State)  Specify city or town, county and State)  Specify whathar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Specify city or town, county and State)  Specify city or town, county	14. BIRTHPLACE (city or town) OFSYILE	Name of operation Prove Date of
17. INFORMANT DATE W. Brandett buy O.  18. BURIAL, CREMATION, OR REMOVAL Place Wolfsylle Luty. Date Mov. 13., 1936  19. UNOERTAKER & adult Orrepany (Address) Middletown. Md.  24. Was disease or injury in any way related to occupation of deceased?  26. FILED May. 13., 1936 Charles Leatherman  18. BURIAL, CREMATION, OR REMOVAL Place Wolfsylle Luty. Date Mov. 13., 1936  26. FILED May. 13., 1936 Charles Leatherman  19. UNOERTAKER & Specify (Signed) May related to occupation of deceased?  27. FILED May. 13., 1936 Charles Leatherman	(State of County)	What test confirmed diagnosis? Was there an autopsy? **Rea
17. INFORMANT DATE W. Brandett buy O.  18. BURIAL, CREMATION, OR REMOVAL Place Wolfsylle Luty. Date Mov. 13., 1936  19. UNOERTAKER & adult Orrepany (Address) Middletown. Md.  24. Was disease or injury in any way related to occupation of deceased?  26. FILED May. 13., 1936 Charles Leatherman  18. BURIAL, CREMATION, OR REMOVAL Place Wolfsylle Luty. Date Mov. 13., 1936  26. FILED May. 13., 1936 Charles Leatherman  19. UNOERTAKER & Specify (Signed) May related to occupation of deceased?  27. FILED May. 13., 1936 Charles Leatherman	15. MAIDEN NAME Clara Hoover	
Specify whathar injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL Place Wolfsylle Luft. Date Nov. 13., 1936  Mannar of Injury Natura of injury  19. UNDERTAKER Gradult Order 1940  (Address) Middle Gradult State  24. Was disease or injury in any way related to occupation of deceased?  26. FILED May: 13., 1936 Charles Leatherman  (Signed)  M. D.	16. BIRTHPLACE (city or town) 90 0 15 5 V 111 2	
18. BURIAL, CREMATION, OR REMOVAL  Place Wolfsylle Luty: Date Mov. 13., 1936  Mannar of Injury  Natura of injury  19. UNDERTAKER Graduit Correction  (Address) Middletown Md  24. Was disease or injury in any way related to occupation of deceased? 200  If so, spacify  (Signed) Graduit Starf M. D.	17. INFORMANT John W. Brandenburg.	(Specify city or town, county and State)
19. UNOERTAKER (Address) Middle town Md If so, spacify 20. FILED NAV. 13, 1936 Charles Leatherman (Signed) J. Slower Harf M. D.	18. BURIAL, CREMATION, OR REMOVAL   Cert	
20. FILED/LAW. 1. 3, 1956. Whaller A. Slamanan	13. OHOERIANER SELECTION OF THE SELECTIO	and the second of injury in any its second to escape the of escape to
		100 100

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows: 2 193	e de	The principal cause of death and related causes of importance were as follows:			
21710710000070000	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:	1.	Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
			MIN III A		

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF DEATH County Frederic	k W	jihin the (	Jochonsen mill	Registration Dist. No.	
Village or City_Frede		occurred.	West Common most	No. 474 W. South St., theath occurred in a horpital or institution, give its NAME instead of street and use ds. How long in U.S. if of foreign birth? yrs. mo	Ward umber)
	Frank	Bruche	ì.	St., Wards If nonresident give city or town and	•••••
PERSONAL AND ST	ATISTICA	L PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male  4. COLOR OR F			RIED, WIDOWED, (write the word)	21. DATE OF DEATH November 16, (Month) (Day)	, 193 6 (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Ada $V_{\bullet}$	Ridge	way		22. I HEREBY CERTIFY. That I attended on November 1,6 36, to	Joceased from
6. DATE OF BIRTH (month, day, and ye	ar) Tij	lv 29.	1883	l last sew h, 19, 19,	
7. AGE Years N	lonths	0ays	If LESS than 1 day,hrs. ormin.	to heve occurred on the date stated above, at 3:30 mp m  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of gnset
8. Trede, profession, or particular kind of work done, as SPII SAWYER, BOOKKEEPER, et				Gun shot wound, left chest .32 revolver, self inflicted	1936 11/1
year)		II. Total ti		Other Contributory Causes of importance:	***********
(State or country)	Maryl	and	,		
II I3. NAME William	D. Br	uchev			
H 13. NAME William  14. BIRTHPLACE (city or town) (State or country)	Maryl	and		Name of operation Date of Whet test confirmed diagnosis? Was there an a	utopsy? NC
15. MAIOEN NAME Mary 16. BIRTHPLACE (city or town) (State or country)	E. La			23. If death wes due to external ceuses (VIOLENCE) fill in also the following Accident, suicide, or homicide? Suicide Date of Injury 11/Where did Injury occur? Frederick, Marylan	16 <sub>19</sub> 36
I7. INFORMANT Richard (Address) Freder:	A. Brick, M	uchey arylar	ıd	(Specify city of town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA Home	ACE.
18. BURIAL, CREMATION, OR REMOVA	Mt Md	Olivet	Cem.	Manner of injury	nflict hest
19. UNDERTAKER M. R. (Address)	Etchis ick, M	on & S	on id	24. Was disease or injury in any way related to occupation of deceased?	Q
20. FILED 7-20- 1936	· dra	b-ha	Curdy	(Signed) Freuerick, Marylan	nd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	hould state	OCCUPA-		1
OKD. Every Ite	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	/	
MAINENT REC	ACTLY. P	assified. Exac		
IIS IS A FERI	be stated EX	be properly cl	of certificate.	
ING INK-I'R	AGE should	o that it may	tions on back	
IIII UNFAD	illy supplied.	plain terms, se	See instruc	111111111111111111111111111111111111111
FLAINLY, W	hould be carefu	OF DEATH in	TION is very important. See instructions on back of certificate.	Address of the state of the sta
B.—WKILE	mation sh	CAUSE	TION is	

1. PLACE OF DEATH	/37)	20
County Assolesick	Registration Dist. No.	7
Village or City Hotville	NoSt.,	Ward
	If death occurred in a hospital or institution, give its NAME instead of street and	
Length of residence in city or town where death occurred yrs	ds. How long in U.S. if of foreign birth?yrsm	10sds.
2. FULL NAME Oliver, G. Buhrin	I an . If U. S. Veteran, specify WAR.	
(a) Residence: No. Hotville, Ind.	St., Ward.  If nonresident give city or town and	1 6
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	d Drate
3. SEE / 4. COLOR OB RACE   S. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	-
OR DIVORCED (write the word)	noa. 21	193
5e. If merried, widowed, or divorced	(Month) (Dey)	(Yeer)
HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, Thet I ettended	deceesed from
Sus and IT, Illeurman	100.13, 103le, 10 Nov. 27	, 1936
6. DATE OF BIRTH (month, dey, end year) DIL 23 -1862	I lest sew h Lan elive on No. 2 0 , 1936	२ ; death Is seid
7. AGE Yeers Months Deys If LESS then	to heve occurred on the date stated above, et 8 2 m.	
73 // Z   1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:	Date of onset
8. Trade, profession, or perticuler kind of work done, as SPINNER,	A A PA	
SAWYER, BDOKKEEPER, etc.	Demaral Deficerna	Nov 203
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et d. this occuration (month end of this occuration this common to the common to th	2	36
10. Date deceased last worked et 11. Total time (years) 36		**
this occupation (month and) w (3) spent in this year)		
12. BIRTHPLACE (city or town) A Horrille	Other Coatributory Cases of importence:	noon 13
(State or country)	abladder a betruetion	36
13. NAME William Buhrman	lux brostate gland	
13. NAME Welliam Soupermon  14. BIRTHPLACE (city or town) Het will Ind	Neme of operation Nove Dete of	
(State or country) Ind.	What test confirmed diegnosis? Wes there en	eulopsy?
15. MAIDEN NAME Inknown	23. If deeth wes due to externel ceuses (VIOLENCE) fill In elso the followin	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury	
(State or country)	Where did Injury occur?	
17, INFORMANT Colide, a. Buhrman	(Specify city or town, county and Sta Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PL	nte) LACE.
(Address) Fot ville Ind		
18. BURIAL, CREMATION, DR REMOVAL	Menner of injury	
Plece Attille Ind Dete 100 19, 1936	Neture of Injury	
19 UNDERTAKER M. L. Creases Hom	24. Wes disease or injury in any way related to occupation of deceased?	10
(Address)	If so, specify	
20. FILED To 28 1936 Chas & Strields	(Signed) Sures Tray	M. D.
Registrar.	(Address) Therman!	· Mol.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 Y. S	18		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	RFURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 11417
1. PLACE OF DEATH	<u> </u>
County Try defect	Registration Dist. No.
Village or City for Thousevil Home	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of toreign birth?
2. FULL NAME Agrah Duck	If U. S. Veteran, specify WAR, no was velera
(a) Residence: No. 100 (Usual place of abode)	edenich, wid - If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVERCED (Agrice the gord) 5. If married, widowed, or divorced	21. DATE OF DEATH Nov 3, 193 6 (Month) (Oay) (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. Thet I attended deceased from 20 1936 to Nov. 3 1936
6. DATE OF BIRTH (month, day, and year) 3, 15, 1854	I lest saw h. er elive on Nor. 2 , 19.36; deeth is said
7. AGE Years Months Oeys If LESS than	to have occurred on the date stated above, at
8   8   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Oate of onset
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Brill Careland
9. Industry or business in which work was done, as SILK MILL,	humanling e col 26
SAW MILL, BANK, etc	
this occupation (month and A 28 spent in this occupation 45	Other Control of Green districts
12. BIRTHPLACE (city or town)	Other Contributory Causes of importence:
(State or country) Maryland	
13. NAME Benjamin Bush	
4. BIRTHPLACE (city of lown)	Name of operation
(State of country) / Mary and	What test confirmed diagnosis? Was there an aulopsy? 😓
15. MAIOEN NAME Mansine Jackson  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19,
(State or country) Tharifaul.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mr. Slager Malleyer	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Mitted Wethern Cours. Octob - Nov. 1936	Nature of injury
19. UNDERTAKER MA TOLLAGE HOLY (Address) Hornsynn m	24. Was disease or Injury In any wey releted to occupation of deceased?. 2-0
20. FILEO D- Non 186. Das Jm unly	(Signed) 2007 August M. E. Acrack Janes
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis 1936	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOI	FURTHER	STATEMENTS	RY	PHYSICIAN
ALAN AND A A A COLOUR DE	DE ZEOM E OF	P T C T C T T T T T T T T	DIVITINITINI	17.1	THEFT

	S	TATE C	OF MA	RYLAND-	CERTIFICATE OF	DEATH ]	1418,
1	. PLACE OF DEA				10		2
	County Fred	erick	aletter	the Corporaly !!	Reg	gistration Dist. No	Q
	Village or City Fr				No. 375 Madison death occurred in a horpital or institution, give	St.,	Ward
	Length of rasidanca in ci	ity or town whera	daath occurred.	10 yrs mos			
					Bussandi. S. Veteran, specify		
	(a) Residence: No.				St.   Ward	***************************************	
			(Usual p	ace of abode)		nonresident give city or town	
_	PERSONAL AN					FICATE OF DEATH	<u> </u>
		hitem	OR DIVO	AGED (write the word)	21. DATE OF DEATH NO.		, 193 G (Yaar)
5a.	If married, widowed, or dive HUSBAND of (or) WIFE of J. W:		ard			RTIFY, That I attand	led dacaasad from
6.	DATE OF BIRTH (month, da	v. and vaar)	eb. 25	, 1859	I last saw h. er alive on Mo		6.; death is said
-	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above	, all . 45Am.	
	77	8	16	1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and r were as follows:	alatad causas of importanca	Date of onset
NOI	8. Trade, profession, or p kind of work dona, SAWYER, BOOKKE	, as SPINNER, EPER, etc	Housew	ife	Lobor Preses	n rua	11/2/36
IPAI	9. Industry or business in work was dona, as SAW MILL, BANK,	n which SILK MILL, At	home				
OCCUPATION	SAW MILL, BANK,  10. Date deceased last wo this occupation (mo	rkad at .	36 11. To	tal time (years) spant in this 50 occupation			
		Monarlon			Other Contributory Causes of Importance:		
12.	BIRTHPLACE (city or town) (State or country)	Mat. A Tall	.ч		Expoure De	1:1:1-	
62	13. NAME John	Stockma	n		a graph of the second	Jane Jane Jane Jane Jane Jane Jane Jane	
FATHER	14. BIRTHPLACE (city or to (Stata or country)	own) Mar	yland	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	Name of operation What tast confirmed diagnosis?	Date o	4.
2	15. MAIDEN NAME	unk	no	unai	23. If death was due to external causes (VI		
MOTHER	16. BIRTHPLACE (city or to (State or country)	own) lar	yland		Accident, suicida, or homicide?	Data of Injury	, 19
17	INFORMANT Mrs. (Address) Fre		Routza	hn,		ecify city or town, county and STRY, In HOME, or In PUBLIC	State) PLACE.
18	BURIAL CREMATION, OR	derick, REMOVAL OWN, Md.		an Cem v. 13,,1936	Mannar of Injury		
f9		. Etchi		_	24. Was disease or injury in any way relat	ed to occupation of daceasad?	74
20	14 7.	1936. On	a m	Cur dy Registrar.	(Signed) June de (Address) June de	Journe	M. D.

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S. I				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		•		

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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1	. PLACE OF DEATH	R5
	County Trederick	Registration Dist. No. 150
	Village or City May Justanora (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Langth of residence in city or town where death occurredyrs,mos	ds. How long In U.S. iI of foraign birth?yrsmosds
2	. FULL NAME Thehard & Clagge	If U. S. Veteran, specify WAR
	(a) Residence: No. Near Truce and (Usual place of abode)	St., Ward.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. 5	Male White OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day)  (Year)
5a.	II marriad, widowed, or divorced HUSBANO of OCive B. Clagget	22. I HEREBY CERTIFY, Thet I attanded decaased from
6 1	DATE OF BIRTH (month, day, and year)	last saw h aliva on Neuer 19 death is said
7. /		to have occurred on the date stated above, at & Am,
	53 6 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as Iollows:
TION	8. Trede, profession, or particular kind of work dona, as SPINNER; SAWYER, BDOKKEEPER, etc.	Death by Buredl -
OCCUPAT	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	hanging & Strangulation 11-4-20
000	10. Date deceased last worked at this occupation (month and year) spent in this occupation occupation	
12.	BIRTHPLACE (city or town) Morel Co	Dther Contributory Causes of importance:
-	(State or country)	
HER	13. NAME OF Cagged	
FAT	14. BIRTHPLACE (city or town) Nout Co. not.	Name of operation
æ	11 74 00	What test confirmed diagnosis? Was thara an autopsy? PCS
MOTHE	15. MAIDEN NAME Verrietta Clagget	23. If daath wes due to external ceuses (VIDLENCE) fill In elso the following:  Accident, suicide, or homicide? Let Let Date of injury 11-4, 19
8	16. BIRTHPLACE (city or town)	Where did injury occur? Fred Co har Tuesarara
17.	INFORMANT Mis. Olive Eloggett	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
10	(Address) tree com	In train of own travel
18.	Place MX Chrynd Date Nov6, 1936	Menner of injury Strongulation by hausing
19.	UNDERTAKER G. E. Clicce Hon (Addrass) Frederick had	24. Was disease or injury In any way related to occupation of deceased?
20.	FILEO MV. A. 1936 From Grand	(Signed) harles of Chilly ). M.
1	Registrar.	(Address) Journal of Marie (Address)

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	711	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis DEC 2 1936	1915	Attack of epilepsy	1 week ago	
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Cerebral hemorrhage V. S	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	940
County Nederick	Registration Dist. No.
Village or City frederick	No. 8 T. Mard  death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residance in city or town where death occurredyrsmos_	death occurred in a hospital of institution, give is tVANVE instead of street and number)  ds. How long in U. S. If of foreign birth?mosds.
2. FULL NAME Daura 6. Cochers	If U. S. Veteran, specify WAR Work
(a) Residence: No. 107 m. 3 m	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  8. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
Teneale With ORDIVORCED (write tha word)	November 3d 193 6
ia. If marriad, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from August 4, 19 36, to November 3, 19 36
5. DATE OF BIRTH (month, day, and year) Nov. 15 1866	l last saw h.er alive on November 3, 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data statad above, at 8:55pm.
8 1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance wara as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, Returned SAWYER, BOOKKEEPER, etc.	Angina pectoris about 20 min
9. Industry or business in which work was done, as SILK MILL School Teache SAW MILL, BANK, etc.	1
10. Date decaased last worked at this occupation (month and year)  11. Total time (years) 3 3 occupation	
12. BIRTHPLACE (city or town) Greensburg	Other Contributory Causes of importance: Pleurisy non-tubercular Sept.
(State or country)	Traumatic origin, following 21st
13. NAME OF Cochrane	severe burns. 1936
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What tast confirmed diagnosis? Was there an autopsy? N.O
15. MAIDEN NAME Carolina Miller	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)  (State or country)	Accident, suicida, or homicida? Date of Injury, 19
17. INFORMANT Mrs. Quesa Portse	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Scenarion, OR REMOVAL Q	Manner of injury
Place Treesting a Data Nov. 6 To 36	Neture of Injury
19. UNDERTAKER TO. E. TOTCHE + For	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED 4 - Nov., 1936. In a financialis	(Signed) Contact Conta
Registrar.	(Addrass) Frederick, Lt. C. H. Control

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#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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TION is very important. See instructions on back of certificate.

STATE OF	MARYL	AND-	-CERTIFICATE	OF	DEATI

1	1	11	01	1
JI	1	1	~	1

1	. PLACE C	OF DEATH				20	
	County	F	reder	ick.		Registration Dist. No. 13	39
	Village or Langth of re	CityS:	tate :	Sanatori	ım, Md. (II	No. St., death occurred in a hospital or institution, give its NAME instead of street and 21 ds. How long in U.S. if of foreign birth? yrs.	Ward number)
2	. FULL NA	AME.	Neva (	C. Creut:		If U. S. Veteran, specify WAR	
						. St., Ward. Maryland. If nonresident give city or town as	
	PERSO	NAL AND S	STATIST	CAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
	male	4. COLOR OF		s. single, marri or divorced Sing.	(write the word)	21. DATE OF DEATH November 26 (Month) (Day)	., 193_6 (Year)
5a.	If married, wido HUSBAND of (or) WIFE of	owed, or divorced				22.   HEREBY CERTIFY, That   attende   Oct.   5   19 32, to   Nov.   26	1936
7.	AGE You	(month, day, and ears	Months 9	February Days 21	5 1901 If LESS than 1 day,hrs. ormin.	I last saw h_QTeliva onNOV25, 19.36 to have occurred on the data stated above, at_8_25_Amp.M. The PRINCIPAL CAUSE OF DEATH end related causes of importance ware as follows:	Data of onset
kind of work dona, as SPINNER, Stenographer  SAWYER, BOOKKEEPER, etc.  SIndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date dacesed ast worked at 11. Total time (yeers)				11, Total tim 1930 spent occup	e (yeers) in this llyrs	Pulmonary Tuberculosis Other Contributory Causes of importence:	July
ER	(State or co	E.		Waryland Creutzb			
FATHER		CE (city or town) . or country)		Waryland		Name of operation NONE POS Spurate of What tast confirmed diagnos hest X-Ray. Was there an	autopsy?p_O
MOTHER	15. MAIDEN N	AME K		ine Cowar	1	23. If daath was due to extarnal causes (VIOLENCE) fill in elso the following Accident, suicide, or homicida?	ng:
	(State of	or country)	Wes	t Virgin		Whare did injury occur?(Specify city or town, county and St Specify whethar injury occurred in INDUSTRY, in HOME, or In PUBLIC P	ate)
18,		ATION, OR REMO		Date Unkn	QW <b>a</b> , 19	Mannar of Injury	
	UNDERTAKER (Address)	M TI	.L.Cr	eager nt/kg.	Registrar.	24. Was disease or injury In any wey related to occupation of deceased?  If so, specify I Support Supp	

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Other contributory causes of importance:		Other contributory causes of importance:	
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ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
ADDITIONAL	SPACE	LOW	FURIHER	STATEMENTS	DI	THISICIAN

V. S. No. 1 N. B. TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND—CERTIFICATE	OF	DEATH

1	1	1	6	2	
1	J	7	4	4	

1. PLACE OF DEATH	120
County Frederick Registration Dist. No.  Village or City Harmony No.  (If death occurred in a hospital or institution, give its NAME instead not residence in city or town where death occurred yrs, mos. ds. How long in U.S. If of foreign birth?	St., Ward
2. FULL NAME Iloyd Guilbert Crone If U. S. Veteran, specify WAR	
(a) Residence: ND. St., Ward.  (Usual place of abode) If nonresident give cit;	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF	DEATH
3. SEX  Male  4. COLOR OR RACE White  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  21. DATE OF DEATH (Month)	Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of  22. I HEREBY CERTIFY. The	at I attended deceased from
6. DATE OF BIRTH (month, day, and year) Aug. 30, 1936	19 death is said
7. AGE Years Months Days If LESS than 1 day, hrs. or min.  2 16 1 day, hrs. or min.	n. nportance
8 Trade profession or particular	Date of one et
work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at  11. Total time (years)  Physicians 2 who did noote attended.	1/
o this occupation (month and spent in this occupation mephiss that the cause of death occupation.  Trederick, IId.  Defices that the cause of importance: to him?  (State or country)	
E 13. NAME Iloyd Guilbert	
13. NAME Lloyd Guilbert  14. BIRTHPLACE (city or town) Harmony, Ind.  (Stete or country) What test confirmed diagnosis?	
15. MAIDEN NAME Catharine Crone 16. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME Catharine Crone 16. BIRTHPLACE (city or town)  Whera did injury occur?	o the following:
(Specify city or town, or carried in INDUSTRY, in HOME, or (Address)  17. INFDRMANT Specify whether injury occurred in INDUSTRY, in HOME, or (Address)  18. BURIAL, CREMATION, OR REMOVAL Cem. Harmony Manner of Injury	In PUBLIC PLACE.
Place Ch. Brethern Date 11/16 19 Manner of Injury Netura of Injury	
19. UNDERTAKER Gledhill Co. (Address) Ifideletown, IId. (Address) If so, specify	f dacaased?
20. FILED 100, 1936 State State Registrar. (Address Mind Alle)  If more blands are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	M. D

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory gauses of importance, name other important diseases or injuries. Examples:

Exa	mple I	5 D   1	Example II	
The principal cause of death of importance were as follow Arteriosclerosis	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	
Chronic interstitial nephritis		1910	Run over by street car	1 week ago
Cerebral hemorrhage	g cligated	July 5, 1927	Peritonitis	3 days ago
	10 Marie Constitution of the Constitution of t			
Other contributory causes of	importance:	10/2-31/	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
	Ans. III			

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

not attended by any Pleysician.

# STATE OF MARYLAND—CERTIFICATE OF DEATH 114

Village or City.  Village or City or town and State City.  Village or City.  Village	1. PLACE OF DEATH	4:B
Length of residence in city or town where death occurred J. yrs	County Onding	Registration Dist. No. 141
Length of residence in city or town where death occurred of the country of the co		NoSt.,Ward
2. FULL NAME David MD David MD David MD David Month (Juniphere of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  B. SINCLE MARRIED, WIDOWED, OR PROCES  OR DIVORED Wints the word)  S. Ill married, widowed, or divorced  HUBSAND of Creating the word on one of the control of the contr		
(a) Residence: No. (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  J. SEX  4. COLOR OR RACE  B. DYONGED Evering be word)  Sey. If married, widowed, or divorced (or by or town)  Sey. If married, widowed, or divorced (or by or town)  Sey. If married, widowed, or divorced (or by or town)  Sey. If married, widowed, or divorced (or by or town)  Sey. If married, widowed, or divorced (or by or town)  Sey. If married, widowed, or divorced (or by or town)  Sey. If married, widowed, or divorced (or by or town)  Sey. If married, widowed, or divorced (or by or town)  Sey. If married, widowed, or divorced (or by or town)  Sey. If LESS than 1 dey,	0 = 11.10 =	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  9. S. SINCLE, MARRIED, WIDOWED, OR DIVORCED (*unite the word)  12. DATE OF DEATH  (Month)  5. Il married, widowed, or divorced  HUSSAND of HUSSAND of T. AGE  Year:  Months  Days  II LESS than 1 dey.  11. Total time (years) SAWYER, BOOKKEPER, atc.  12. BIRTHPLACE (city or town) (State or country)  13. MAME  Davis of the state of t		Ct Word
3. SEX  4. COLOR OR RACE OR DYORCED (with the word)  Antic  Mark  Months  Days  II LESS than 1 dey,		
MALL MATE OR DIVORCED (write the word)  MATE OF BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days II LESS then I have done, as SPINNER, Returned Date of min.  8. Jiade, profession, or particular hind of work done, as SPINNER, Returned DATE OF BIRTH (month, day, and year)  8. Jiade, profession, or particular hind of work done, as SPINNER, Returned DATE OF BIRTH (month)  8. Jiade, profession, or particular hind of work done, as SPINNER, Returned DATE OF BIRTH (month)  8. Jiade, profession, or particular hind of work done, as SPINNER, Returned DATE OF BIRTH (month)  8. Jiade, profession, or particular hind of work done, as SPINNER, Returned DATE OF BIRTH (month)  8. Jiades, profession, or particular hind of work done, as SPINNER, Returned DATE OF BIRTH (month)  8. Jiades, profession, or particular hind of work done, as SPINNER, Returned DATE OF BIRTH (month)  8. Jiades, profession, or particular hind of work done, as SPINNER, Returned DATE OF BIRTH (month)  8. Jiades, profession, or particular hind work was done, as SPINNER, Returned DATE OF BIRTH (month)  8. Jiades, profession, or particular hind of work done, as SPINNER, Returned DATE OF BIRTH (month)  8. Jiades, profession, or particular hind work was done, as SPINNER, Returned DATE OF BIRTH (month)  8. Jiades, profession, or particular hind work as Gone, as SPINNER, Returned DATE OF BIRTH (month)  8. Jiades, profession, or particular hind work as Gone, as SPINNER, Returned DATE OF BIRTHPLACE (city or town)  9. Jiades, profession, or particular hind work as Gone, as SPINNER, Returned DATE OF BIRTHPLACE (city or town)  9. Jiades, profession, or particular hind work as Gone, as SPINNER, Returned DATE OF BIRTHPLACE (city or town)  9. Jiades, profession, or particular hind work as Gone, as SPINNER, Returned DATE OF BIRTHPLACE (city or town)  9. Jiades, profession, or particular hind work as Gone, as SPINNER, Returned DATE OF BIRTHPLACE (city or town)  9. Jiades, profession, or particular hind work as Gone, as SPINNER, R		MEDICAL CERTIFICATE OF DEATH
56. It married, widowed, or divorced HUSAND of Carl	OR DIVORCED (write the word)	193 (
TAGE Years Months Days II LESS than J G I dey, hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  BATTAGE, profession, or particular SAWYER, BOOKKEPPER, arc. SAWYER, BOOKKEPPER, a	HUSBAND of	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:    Same	6. DATE OF BIRTH (Month, day, and year)	lest saw has alive on Port 7 , 19 36; death is said
8. Frade, profession, or particular kind of work dona, as SPINER, Returned D. For R. S. Industry or business in which work was dona, as SILK MILL, BANK, alc.  10. Deta decessal dask worked at this occupation (month and year)  11. Total time (years) spent in this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT///WWW D. Date MAPP ACO 19346.  18. BURIAL, CREMATION, OR REMOVAL Place (Maddress)  18. BURIAL, CREMATION, OR REMOVAL Place (Maddress)  19. UNDERTAKER  19. UNDERTAKER  (Address)  10. Deta donate  11. Total time (years) spent in this occupation  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT////WWW D. Date of Injury (Specify city or town, country and State)  Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Nature of Injury  Natu	~	
B. Frade, profession, or perticular SANYER, BOOKKEPER, atc.  9. Industry or business in which work was done, as SILK MILL, Santaful Clark  10. Deta deceesad last worked at this occupation (month and yeer)  11. Total time (years) spent in this occupation (month and yeer)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANIANA  18. BIRTHPLACE (city or town)  (State or country)  17. INFORMANIANA  18. BURIAL, CREMATION, OR REMOVAL ptersials (Madress)  18. BURIAL, CREMATION, OR REMOVAL ptersials (Madress)  19. UNDERTAKER  19. UNDERTAKER  19. OK SALE OF COUNTRY  19. UNDERTAKER  19. OK SALE OF COUNTRY  19. O	ormin.	were as follows:
What test confirmed diagnosis?  Was there an autopsy?  Where did injury occur?  Where did injury occur?  Specify city or town, county and State)  Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  What test confirmed diagnosis?  Was there an autopsy?  Accident, suicide, or homicide?  Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  What test confirmed diagnosis?  Was there an autopsy?  Accident, suicide, or homicide?  Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  What test confirmed diagnosis?  Was there an autopsy?  Accident, suicide, or homicide?  Spacify whather injury occurr?  Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Where did injury occur?  Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Was disease or injury in any way ralated to occupation of dependence of the public PLACE.  (Signed)  What test confirmed diagnosis?  Was there an autopsy?  Accident, suicide, or homicide?  Accident, suicide, or homicide?  Spacify whather injury occurr?  Spacify whather injury o	SAWYER, BOOKKEEPER, atc.	Obeginson of States  Stanish of the Properties of Importance:
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stata or country)  17. INFORMANT MUSTER SECTION OF REMOVAL PLEASURED FOR SPACE OF THE PLACE OF THE	13. NAME David de Tander	
15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stata or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL Place  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  Signed) (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)	14. BIRTHPLACE (city or town)	
Where did Injury occur?  17. INFORMANT MASS D W De Zancle; (Address) Seterwille Ind  18. BURIAL, CREMATION, OR REMOVAL Steerille Ind Place of Marks man Date Not 20, 1936  19. UNDERTAKER CATES Second S. H. Leas  19. UNDERTAKER (Address) Sommowick Mod  20. FILED Au (**), 1936 Cash S. H. Leas  Where did Injury occur?  (Specify city or town, county and State)  Spacify whather injury occur?  (Specify city or town, county and State)  Spacify whather injury occur?  (Address) Spacify whather injury occur?  Nanner of Injury  Natura of Injury  19. UNDERTAKER CATES Second S	15. MAIDEN NAME Marthor Kemb	
17. INFORMANT SOLD SECURITY  (Address) Securitie Ind  18. BURIAL, CREMATION, OR REMOVAL Steverille Ind  Place of Marks men Date Not 20, 1936  19. UNDERTAKER Security	16. BIRTHPLACE (city or town) (Stata or country)	Where did Injury occur?
Place At Marks men Date 147 20, 1936  19. UNDERTAKER CATE The Company of the Comp		Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
20. FILED 14 (1) 19 36 Cas K S. H. Les (Signed) The Clean Shreeffe M. D.	141.	
20. FILED 10 10 1936 Cas H. S. H. Lyco (Signed) / Kellam Shreegele M. D.		
	20. FILED NU 10 1936 Cas A S. H. Loco	(Signed) Melliam Shriesself M. D.

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To be complete, an occupation return must state:

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9	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 5 1990			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
						0

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 3			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	26
1. PLACE OF DEATH .	(8)	
County Frederick	Registration Dist. No. 140	
Village or City Was Johnson		Ward
Length of residence in city or town where death occurredyrs,nos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?	ds.
2. FULL NAME Otho Justices &	onsile	
(a) Residence: No.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) 193 (Yai	(20)
5a. If married, widowed, or divorced HUSBAND of	22, LIHEREBY CERTIFY. That I attended deceased	
(or) WIFE of Mary Surane Jersey	Med. 1 ,1936, 10 Med, 10 ,19.	36
6. DATE OF BIRTH (month, day, and year) april 4, 1847	Hast saw h alive on Dews 6 9, 19 36, death	ls sald
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at //m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profassion, or particular	wara as follows:	tenset
Nind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	(lation - selenos 19	20
9. Industry or business in which work was done as SILK MILL.		
SAW MILL, BANK, atc.	Chrome interstitud	
10. Date deceased last worked et this occupation (month and yaar)	suplication	
12, BIRTHPLACE (city or town)	Othar Couributory Causes of importanca:	
(State ar country) Mayeleen	Cerebral humorrhage De	wi
13. NAME Herry C. Dousige	1/9	1.3
13. NAME Hearing C. Dousse	Neme of oparation Date of	
(State of country)	What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME Charlotte 9. Shank	23. If death was due to externel causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)  (State or country)	Accident, suicida, or homicida?, 19.	
17. INFORMANT Robert Double mid	Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE,	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Mt. Note Com. Date nov. 13, 1976	Nature of Injury	
19. UNDERTAKER Powell & allangh	24. Was disease or injury in any way rated to occupation of daceased?	
(Addrass) Woodsboro / Wd	(Signed) de la St. Veller	M D
20. FILED 120. 12, 1936 L 6 Source Registrar.	(Addrass) Deliner Ind	_ MI. U.
	4	-

5

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1		Example II	1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
		1/ 3505	100
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

MOTHER

17. INFORMANT

(Address)

should state of infor

of OCCUPA.

Village or C		natori	um, Md.	Registration Dist. No. 139  No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)  6 ds. How long in U. S. if of foreign birth? yrs. mos. ds.
	ME Henry (ce: No. 512 N.			St., Ward. Baltimore, Maryland.  If nonresident give city or 10wn and State
PERSON 3. SEX Male 5a. If merried, widow	4. COLOR OR RACE White	5. SINGLE, MAI	RRIED, WIDOWED, ED (write the word) OWER	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  November 21 , 1936 (Dey) (Year)
HUSBAND of (or) WiFE of	month, day, and year) rs Months	Dec. 3	if LESS then 1 dey,	I THE FRINCIPAL CAUSE OF DEATH and releted causes of importance
8. Trede, profes kind of v SAWYER, 9. industry or work wes SAW MIL	ssion, or particuler	Fire-Ch		were es follows:  Date of onset  Live
(Stete or coun	John Do	darylan otter	d	Other Contributory Causes of Importence:  Neme of operation

(State or country) Unknown Whet test confirmed diegnosis? Chest. X-Ray Wes there an autopsy?... Ves Unknown 15. MAIDEN NAME 23. If deeth was due to externel ceuses (VIOL ENCE) fill In also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Dete of injury\_\_\_\_\_\_19 16. BIRTHPLACE (city or town) Unknown (State or country) Where did injury occur? ..... (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Dotter, Sparrows Point. (Address) 18. BURIAL, CREMATION, OR REMOVAL Balto Co Md Dete Unknown 19 Neture of injury M.L.Creager Thurmonta Md 19. UNDERTAKER

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

if so, specify

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

# STATE OF MARYLAND—CERTIFICATE OF DEATH

11428

Village or City Moff and Country (If death occurred in a horpital or institution, give its NAME instead of street and number)  Length of residence in city or town where deeth occurred yes mos. ds. How long in U.S. If of foreign birth? yes mos. ds. How long in U.S. If of foreign bir	1. PLACE O	F DEATH  Yredrick	1.		(3)	28.0
Length of residence in city or town where deeth occurred.  2. FULL NAME  (a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  SEX  4. COLOR OR RACE  S. SINCLE MARRIED, WIDOWED  OR DAYORCED (write the word)  A. If married, widowed, or divorced  HUSBAND of (Color)  HILES then  Iday.  ACE  Years  Months  Deys  If LESS then  Iday.  ACE  Years  Months  If PRINCIPAL CAUSE OF DEATH and releted causes of Importance  Years  In PRINCIPAL CAUSE OF DEATH and releted causes of Importance  Years  In PRINCIPAL CAUSE OF DEATH and releted causes of Importance  Years  In PRINCIPAL CAUSE OF DEATH and releted causes of Importance  Years  In PRINCIPAL CAUSE OF DEATH and releted causes of Importance  Years	County	04/ 44		-t. (a)	Registration Dist. No. / 3	5
(a) Residence: No.  (Usual place of abody)  PERSONAL AND STATISTICAL PARTICULARS  SEX  4. COLOR OR RACE  5. SINGLE, MARKIED, WIDOWED, OR DIVOKED Usuaris the word on Divoked Usuaris to word of Divoked Usuaris to word on Divoked Usuaris to word of Divoked Usuaris to have occurred on the date steled above, of 4 3 5 mm.  AGE Years Months  Days 1 of LESS then 1 of PERTH of DEATH of DEATH of Death is sell to have occurred on the date steled above, of 4 3 5 mm.  The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:  S. Trede, profession, or perticuler kind of work done, as SSINNER, work were done, as SSINNER, work work were done, as SSINNER, work were done, as SSINNER, work were	/		-	(1	NO. St.,  If death occurred in a hospital or institution, give its NAME instead of street and no second of the second of street and no second of the second of street and no second of the second of t	ward umber)
Color or Race   S. SINCLE, MARRIED, WIDOWED   OR DIVORCED Currie; the word   Or divorced   Or divo	2. FULL NA	ME Joseph	Elsu	rorth	Dusing	
PERSONAL AND STATISTICAL PARTICULARS  SEX	(a) Resider	nce: No.	(Usual place	of abode)		S
AGE Years Months Deys If LESS then 1 day, hrs. or. min.  8. Trede, profession, or particular which work wes done, as SINNER, SAWYER, BOOKKEPER, etc. 10. Date decessed let worked at this occupation work wes done, as SILK MILL, SAW MILL, BAIK, etc.  10. Date decessed let worked at this occupation and yier) Salar or country)  15. MAIDEN NAME AND	PERSON	NAL AND STATIST	ICAL PART	CULARS		ласе
22. I HEREBY CERTIFY. That I ettended decreased from the state of the	3. SEX	white	OR DIVORCE	D (write the word)	21. DATE OF DEATH	193.6
AGE Years Months Deys If LESS then 1 day,	HUSBAND of			# 1 1 1 1 1 1	22. I HEREBY CERTIFY. That I ettended do	eceesed fro
dayhrs. or		(month, dey, end yeer)	ugust > 2	2-18-65	I last saw harman alive on BOU-10 1934;	deeth is sel
Registrong profession, or perticuler kind of work done as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work wes done, as SPINNER, SAWYER, BOOKKEPER, etc.  10. Date deceased lest worked at this occupation which work wes done, as SILK MILL, SAW MILL, BANK, etc.  11. Total time (years) spent in this occupation occupation occupation.  12. BIRTHPLACE (city or town) worked at this occupation occupation.  13. NAME worked at this occupation occupation.  14. BIRTHPLACE (city or town) was the samely (State or country)  15. MAIDEN NAME worked at this occupation.  16. BIRTHPLACE (city or town) was the samely (State or country)  16. BIRTHPLACE (city or town) was the samely (State or country)  17. INFORMANT was the samely where the samely (State or country)  18. BURIAL, CREMATION, OR REMOVAL Place.  19. UNDERTAKER was done to external course (VIOL ENCE) fill in also the following:  19. Accident, suicide, or homicide? Date of Injury 19.  19. Where did Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  19. Was disease or injury in eny wey related to occupation of deceased?  19. Was disease or injury in eny wey related to occupation of deceased?  19. Was disease or injury in eny wey related to occupation of deceased?  19. Worker did injury in eny wey related to occupation of deceased?	7. AGE Yes	The state of the s		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance	
Selection occupation of deceased?  It so, specify occupation occupation of deceased? If so, specify occupation of deceased? If so, specify occupation of deceased?	SAWYER  9. Industry or work we	work done, as SPINNER, BOOKKEEPER, etc business in which s done, es SILK MILL.	Trosmes			193
2. BIRTHPLACE (city or town)		ed lest worked at	spe	nt in this	J	<i>Y</i>
What test confirmed diagnosis? Westhere an eulopsy?  15. MAIDEN NAME On the Brunch  16. BIRTHPLACE (city or town) / reduct learnly (State or country)  7. INFORMANT / horle & Kuhn (Address)  8. BURIAL, CREMATION, OR REMOVAL Place / horle Bellpate hove / 13, 1934  9. UNDERTAKER (Address)  9. UNDERTAKER (Address)  15. MAIDEN NAME On the Bellpate hove / 13, 1934  16. BIRTHPLACE (city or town) / reduct learnly (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury / Nature of Injury  24. Wes diseese or injury In eny wey related to occupation of deceased?  If so, specify / 15, 50,		ty or town) / redy	css lea	ndij	Other Contributory Causes of Importance:	
What test confirmed diagnosis? Wes there an europsy?  15. MAIDEN NAME On the British and B	13. NAME 6	nonuel 10	112ma			
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  7. INFORMANT  (Address)  8. BURIAL, CREMATION, OR REMOVAL  Place  (Address)  9. UNDERTAKER  (Address)  9. UNDERTAKER  (Address)  9. UNDERTAKER  (Address)  15. MAIDEN NAME  (Address)  23. If death wes due to external ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of Injury  24. Wes disease or injury in eny wey related to occupation of deceased?  If so, specify  15. MAIDEN NAME  26. Wes disease or injury in eny wey related to occupation of deceased?  If so, specify			driest	bondy		
Where did injury occur?.  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  B. BURIAL, CREMATION, OR REMOVAL  Place	15. MAIDEN NA	ME Canno	Brier	er.		opsy?
7. INFORMANT A front & Kuthn Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  8. BURIAL, CREMATION, OR REMOVAL Place Provincy 13, 193 9  9. UNDERTAKER (Address)  1. Wes disease or injury in eny wey related to occupation of deceased?  1. If so, specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  1. Wes disease or injury in eny wey related to occupation of deceased?  1. If so, specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  1. Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)			dreft	learnly	Accident, suicide, or homicide? Date of Injury	, 19
Place Pround Bellpate Proventy 13, 193.4.  9. UNDERTAKER Company Times  (Address)  (Address)  Manner of Injury Nature of Injury  24. Wes disease or injury In eny wey related to occupation of deceased?  If so, specify		Chorles &	Kuhn	ν	(Specify city or town county and State)	E.
9. UNDERTAKER 24. Wes disease or injury In eny wey related to occupation of deceased?  (Address)  If so, specify		7 (.0)	Monte Boar	m6/3/1934	M	
FILED Novi /2 1936 Charles & Parther (Signed) MDTRAGELINES		Emory 7	sourg		24. Wes disease or injury In any way related to occupation of deceased?	
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	20. FILED NOV	7-	arles L.		(Signed) MD7(4factive) (Address) Sandalumg and	M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example 1	i	Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	nFc 2 1930	July 5,1927	Peritonitis	3 days ago
	BURGAU V. S.			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH 11429
1. PLACE OF DEATH	
County Judy	Registration Dist. No. 140
Village of City Hoodsbord	NoSt., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foralgn birth?mosds.
2. FULL NAME Comma Duras	C Zylastveteran specify WAR
(a) Residence: No.	Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If marriad, widowad, or divorcad HUSBAND of	
(or) WIFE of Sack Ender	22. I HEREBY CERTIFY. Thet i attended deceased from
S DATE OF BIRTH (month down and mon)	I last saw he eliva on 2000, 10 20 , 1936; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the deta stated above, at # 4-0 A.m.
1-0 10 D 1 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were es follows:
kind of work dona, as SPINNER will sawyer, BOOKKEEPER, etc.	(Interior Andrews
kind of work dona, as SPINNER SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month and	Common Demonstra
10. Oate deceased last worked at this occupation (month and year)	
Joseph James Company of the Company	Other Caatributory Causes of importanca:
12. BIRTHPLACE (city or town) (State or country) Maryland	
13. NAME Hat Sulvivie	
13. NAME / Cof Color town)	Neme of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Cleu Beard  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?
Color of County)	Whare did Injury occur? (Specify city or town, county and State)
17. INFORMANT Quise O. Mushaum	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	None (2-1
Place Packly Hilloats Woo, 24, 1936	Manner of injury
1/0 12 1	reactive of injury
19. UNOERTAKER / January (Address) DV 1159 19. UNOERTAKER	24. Was disease or injury in any way ralated to occupation of daceased?
muliess) Hall mulle ma	If so, spacify
20. FILEO/WW 7-3, 1936 Registrar.	(Signad) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

E,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributery contributery			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	81:0
County Frederick	Registration Dist. No.
Village or Cit New Frederick P. 7. 7. 2	No. St., Ward
9 (()	death occurred in hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. (Hawlorg that S. if of foreign birth?yrsmosds.
2. FULL NAME Lydia Gertrude Misher	If U. S. Kentrely specify WAR INO
(a) Residence: No. New Frederick 11.7. K	) <del>/s</del> t., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female White OR DIVORCED (write tha word)	(Month) (Oay). (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Daniel L. Pisher	22. I HEREBY GERT TY, That I attended deceased from
1002	10 10 10 10 10 10 10 10 10 10 10 10 10 1
6. DATE OF BIRTH (month, day, and year) Sept. 4. 186	I last a Ah
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
	were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	
9. Industry or business In which	Chilles of Limmon & Fill
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. FOUSEWITE  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate daceased last worked at this occupation (month and our Company) spent in this	, and a
10. Oate daceased last worked at this occupation (month and 356 spent in this occupation)	
12. BIRTHPLACE (city or town) Harmony, Md.	Can'r Contributory Causes of importance:
12. BIRTHPLACE (city or town) HRTHORY, 1141 (Stata or country)	The Assa
# 13. NAME Hezakiah Summers	
Hezakiah Summers  14. BIRTHPLACE (city or town) Myersville, Md.	Name of portation
(State or country)	What test confirmed diagnosis?
15. MAIOEN NAME Annie Delauter	23. If death was due to axternal causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME Annie Delauter  16. BIRTHPLACE (city or town) Myersville, lid.	Accident, suicide, or homicide?Oate of Injury19
State or country)	Whare did injury occur?
17. INFORMANT Daniel L. Fisher	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Frederick Id.	
18. BURIAL, CREMATION, OR REMOVAL Middle town	Manner of injury
Placo Luth. Cem. Oate 11/29 ,19 30	Nature of injury
19. UNDERTAKER Gladhill Company	24. Was diseasa or injury in any way related to occupation of deceasad?
(Address) liddletown, ld.	If so, specify
20. FILED 8- Nov. 1976 MM Combs	(Signed) M. D.
Registrar.	(Address) TROUM
If more blanks are needed, address State Registrar,	2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

1 1 4 15 18

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis DEC 5	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
II BORGAO	2	· e	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			Assemble to

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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OF DEATH

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-WRITE AUSE mation

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth? vrs. mos. If U. S. Veteran, specify WAR If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Demosle. 1 doniel. (Month) 5a. If married, widowed, or divorced HUSBAND of CERTIFY. That I attended deceased from (or) WIFE of Se ovem 6. DATE OF BIRTH (month, day, and year) If LESS than Days 7. AGE Years Months I day, ....hrs. 15 The PRINCIPAL CAUSE OF DEATH and related causes of importance 2 90 or \_\_\_ min. were as follows: Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... Bronchopneumonia OCCUPATION 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 11. Total time (years) 10. Date deceased last worked at this occupation (month and spent in this occupation .... (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation (State or country) MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? - Legendent. 16. BIRTHPLACE (city or town). Where did injury occur? Trederick Courty, manhand. (State or country) (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE, (Address) in yard of her home 18. BURIAL, CREMATION, OR REMOVAL Nature of Injury. 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

ARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HUMEALLY, S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1000 1000 1100

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Or contey

V.S. No. 1

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	CERTIFICATE OF DEATH 11433
1. PLACE OF DEATH	(97)
County Frederick Within the Corpo	Registration Dist. No.
Village or City Frelerich	No. 422 N. Bout St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred / b_yrsmo	s ds. How long in II S if of foreign high? / yes
2. FULL NAME Lucille Forma	- months of the veteran
(a) Residence: No. 422 M. Benty (Usual place of abode)	St. Ward Ward If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word)	21. DATE OF DEATH // /8 193 6
5a. If married, widowed, or divorced	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I attanded deceased from
	Dept 1 ,19 36 to 200 18 ,19 30
6. DATE OF BIRTH (month, day, and year) auf. 17. 1833	I last saw h. Ch. alive on
7. AGE Years Months Days If LESS than 1 day,hrs,	to have occurred on the date stated above, at
	The PRINCIPAL CAUSE OF DEATH and related gauses of Importance were as follows:
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	West Flames to hyphreles get !
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Data deceased last workad at this convention of months and the convention of the convention of months and the convention of the conventio	
10. Data deceased last worked at this occupation (month and year)  11. Total time (years) spant in this occupation	
	Other Cantributery Causes of importance:
12. BIRTHPLACE (city or town)  (State or country).	(Villey Do lerver
13. NAME Jacob Johnson  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of oparation Date of
(State of country)	What tast confirmed diagnosis? Was there an autopsy? XO
16. BIRTHPLACE (city or town)	23. If death was dua to external causes (VIOL ENCE) fill in also tha following:
[ 16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Date of injury, 19
E (Stata or country) dent server	Whera did Injury occur?
17. INFORMANT Berther Start (Address) 422 n. Renter St	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Oak Hill Com, Date Hov 2/, 1936	Nature of Injury
19. UNDERTAKER A. M. Swifeling (Address) And Andrews	24. Was disease or Injury In any way related to occupation of daceased?
20, FILED 19 - Nov, 19 Milliones	If so, specify (Signad) 4 9 Bayerne fr
Registrar.	(Addrass) Svalle Ly
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE C	F MARYLAND-	CERTIFICATE OF DEATH	1434
1. PLACE OF DEATH			2
County redoric	1	Registration Dist- No.	7 1
Village or City Mouter	me Harting	No. St., death occurred in a horpital of sistetution, give its NAME instead of street and	Ward
Length of residence in city or town where	- B	ds. How long in U.S. If of foreign birth?yrsm	
2. FULL NAME Patie	R. Geisin	ger If U. S. Veletan, specify WAR NOME	*********
(a) Residence: No. More	trong to a find	estloneward. We	
	(Usual place of abode)	MEDICAL CERTIFICATE OF DEATH	State
PERSONAL AND STATIST  3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Thereal Mints	OR DIVORCED (write the word)	Non 18	, 193 6
Sa. If marriad, widowad, or divorced	P	(Month) (Day)	(Year)
HUSBAND of See . S. T.	Deisinger	1 HEREBY CERTIFY. That I attended	deceased from
Luk	man/868/	(last saw h A alive on 2007, 1936	death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 3.22m.	, 000111113 0010
68 7	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	1.0.
8. Trada, profession, or particular kind of work done, as SPINNER,	Pot d		Dats of onset
SAWYER, BOOKKEEPER, atc	) /	Carcina of	10010
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	tousekupe	June 7 Standile	1435
SAW MILL, BANK, etc	7 11. Total time (years) 2 2	Chimag continuoual of stomach . Cevis B.	
year)	occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	enck med		-
(Stata or country)	4	-	
13. NAME Solomon	Velzenaan.	acq.	-
14. BIRTHPLACE (city or town) (State or country)	rue ma	Neme of operation Date of	B.
15. MAIDEN NAME Gerrae	that vites	Whet test confirmed diagnosis?	
16, BIRTHPLACE (city or town)	io Wille	Accident, suicide, or homicide? Date of Injury	
(State or country)	ned	Where did injury occur?	
17. INFORMANT Mus Will	iard Beall	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
(Address) prederic	k md.		
18. BURIAL, CREMATION, OR REMOVAL	~ Data Mov. 20,036	Manner of injury	
10 5 101	ino to	Nature of Injury	2cs
19. UNDERTAKER (Address) Treser	rek ned	24. Was disaase or injury In any way related to occupation of deceased?	
10 200 36 9	no Charles	(Signed)	27. W.
20. FILED 1 1 - 1 190 10	Registrar.	(Address) Znadewsky	my
If more	blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



certificate

back

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important.

very

TION is

7. AGE

OCCUPATION

FATHER See

MOTHER

6. DATE OF BIRTH (month, day, and year)

8. Trede, profession, or particular

10. Date deceased last worked et

12. BIRTHPLACE (city or town

15. MAIOEN NAME

17. INFORMANT

19. UNOERTAKER

(Address)

(State or country)

14. BIRTHPLACE (city de town) (State or country)

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, OREMATION, OR REMOVAL

20, FILEO 20 30, 19. 31

this occupation (month end

kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL SAW MILL, BANK, etc.....

Years

state of infor-

should

Oavs

11. Total (time (years)

spent in this

occupation \_\_\_\_

If LESS 1 day, \_\_\_.

Months

STATE OF MARYLAND—CERTIFICATE OF DEATH 11435

	Registration Dist. No. 154
	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
es	If U. S. Veteran, specify WAR
	St., Ward.  If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
VED,	21. DATE OF DEATH  Month  (Month)  (Day)  (Year)
49	22. HEREBY CERTIFY, That I attended deceased from 1936, to How A.G., 1936;  Attack saw h. Asm. alive on 1/29, 1936; death is said
than	to have occurred on the date stated above, at The
hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
iin.	ware as follows: Onto of onset Onto of onset (93)
	Ushoularsinsufferency 1938
24	
20	Other Contributory Causes of importance:
	Pulmonary Oldenia 1986
d.	Neme of operation Data of Was there an autopsy?
	23. If death was due to externel causes (VIOLENCE) fill in elso the following:
	Accident, suicide, or homicide? Dete of injury
	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
1936	Menner of Injury
	24. Was diseesa or injury in any way related to occupation of dacaased? 220
d	If so, specify  (Signed) Horris Oct Brief M. D.
frar.	(Signed) M.D. (Address) Marin order Med.
mar.	, (Audiess)

V. S. No. 1

WRITE

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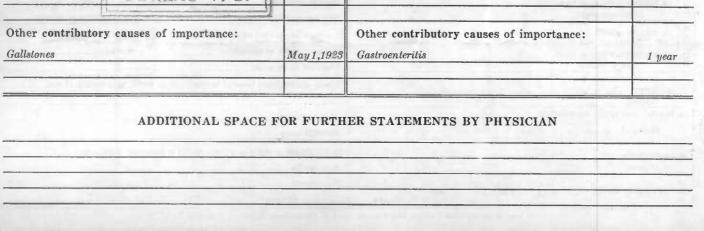
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Cerebral hemorrhagé	July 5,1927	Peritonitis	3 days ago
EUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



	STATE OF MARYLAN	D-0	CERTIFICATE OF DEATH 11436
1.	PLACE OF DEATH		820
	County 7, redrok 60		Registration Dist. No. / 3.5
	Village or City Walfrule		Np. St Ward
	Length of rasidence in city or town whare death occurred	(If o	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foralgn birth?yrsmosds
2	FULL NAME Covelyn Leah	1/2	ocy
	(a) Residence: No.		St., Ward.
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS		If nonresident give city or town and State
3. S			MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
7	emale White OR DIVORCED (write the w		(Month) (Day) (Yaar)
5a.	If married, widowed, or divorced HUSBAND of		22. I HEREBY CERTIEY That Lettended decreed from
	(or) WIFE of CO		22. I HEREBY CERTIFY. That I ettanded decased from
6. D	ATE OF BIRTH (month, day, and year) / 9 33		I last saw been stiwoon avore (6 1936: death is seld
7. A		than	to have occurred on the data stated above, et 1 Pm.
	3 4 5 1 day,	Pl.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
7	9 Trade profession or particular	III.	were es follows:
OCCUPATION	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.		Idea from 3
PA	9. Industry or businass in which work was done, as SILK MILL.		Correctal development
2	work was done, as SILK MILL, SAW MILL, BANK, atc		2 3
ŏ	10. Data deceasad last workad et this occupation (month end yaar)		of brace
	The deal la		Other Coutributery Causes of importence:
12.	State or country)		Conversions suce
02	13. NAME Wilmass & Yn Mary		butte died an
Ŧ.	y with the proof		Commission in autier Onne
FA	14. BIRTHPLACE (city or town) / Solution (Steta or country)		Neme of operation Dete of
2	15. MAIDEN NAME Buth-Ockling		What test confirmed diagnosis? Was there an au'opsy?
표	16. BIRTHPLACE (city or town) Tredrick 60		23. If daath was due to external causes (VIOLENCE) fill in also the following:  Accidant, suicida, or homicida?
2	(State or country)		Where did Injury occur?
17. 1	NFORMANT Allegas In Tro	cy	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. 1	BURIAL, CREMATION, OR REMOVAL		Manner of injury
	Place Anount Bethel Date how 18,1	9.3.6	Nature of injury
19.1	INDERTAKER Comoral Y'rey		24. Wes disease or injury in eny way related to occupation of daceased?
	(Addrass) Smithsburg		If so, spacify
20. F	FILED NOV. 17 , 1936 Charles L. Leath		en (Signed) On Drafacco M. D.  (Addrass) Sur Miles M. D.

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Other contributory causes of importance:	***	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

19.86

STATE C	F MARYI AND-	CERTIFICATE OF DEATH	1
1. PLACE OF DEATH	I MIMICI EMILE		
~ A A		159	
County frederick	10	Registration Dist. No. 130	
Village or City June 2		No. St., death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence in city or town where o	Jeath occurredyrs,mos	ds. How long In U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Willia	m 6. grumbs	Jelf U. S. Veteran, specify WAR Mans	
(a) Residence: No. Fine	fleth	St., Ward.	
•	(Usual place of abode)	If nonresident give city or town and State	1
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DAVORCED (write the word)	21. DATE OF DEATH MALE 6th	6
male while	Lugle	(Month) (Day) (Ye	ear)
a. If married, widowed, or divorced HUSBAND of			
(or) WIFE of		22. HEREBY CERTIFY, That I attended decease	Tidu
M	F1031	, 100, 10	
6. DATE OF BIRTH (month, day, and year)	00-6,1736		is said
. AGE Yeers Months	Days If LESS than 1 day, 1.2 hrs.	to have occurred on the date stated above, etm.	
0 0	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	ofonset
8. Trade, profession, or perticular kind of work done, as SPINNER,			
SAWYER, BOOKKEEPER, etc		L. A	
9. Industry or business In which work was done, as SILK MILL.		TER MAL GARLEY	
SAW MILL, BANK, etc	13 Total time (weers)		
this occupation (month end	11. Total time (yeers)		
year)	occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town)	felle		
(State or country)			
13. NAME MILAN O.	Grumberel		
14. BIRTHPLACE (city or town)	hidon	Name of operation Date of	
(State or country)	1	What test confirmed diagnosis? Was there an eutopsy?	?
15. MAIDEN NAME Pulle	y. Dudrogu	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?	9
(State or country)	ngional	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Wind Company (Address)	Trymbend	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Alliportaline	Manner of Injury	
Place Mt Home Con	Date Mars 12 19.3.0	Nature of Injury	
MAN (I) Z.	+. 6		~ ~ ~ ~ ~ ~
19. UNDERTAKER	pison you	24. Was disease or Injury in any telegrated to occupetion of deceased?	
(Address)	v. vvv es .	If so, specify	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

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Example I		Example II	
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Chronic interstitial nephriting 2	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAL			
International in a transport of the control of the			
Other contributory causes of importance:		Other contributory causes of importance:	Part of the
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE F	OR FURTHER	STATEMENTS	BY	PHYSICIAN

PHYSICIANS should state Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. properly classified. AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. N. B.—WRITE PLAIN

IARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

	City_Frederic		yrsmos	No. 502 Fairview Avenue St., death occurred in a hospital or institution, give its NAME instead of street and ds. How long In U.S. if of foreign birth? yrs	ward number) nosds.
	AME Albert M. Soz F.		Avenue	St., Ward.  If nonresident give city or town and	d State
PERSC	NAL AND STATIST	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male	4. color or RACE White	5. SINGLE, MARI OR DIVORCED Sing	RIED, WIDOWED,  (write the word)	21. DATE OF DEATH November 21st, (Month) (Day)	, 193 6 (Year)
5a. If married, wid HUSBAND of (or) WIFE of				22. MIHEREBY CERTIFY, That I attended  March 23, 19.55, to 200-21	decaased from
	H (month, day, and year) Yeers Months 30 3	July 26, Deys 25	1906  If LESS then 1 day,hrs. ormin.	I last saw h $\pm m$ allva on $\pm m$ 1935 to heve occurred on the date stated ebove, et $8:05A$ m. The PRINCIPAL CAUSE OF DEATH end related causes of Importence were as follows:	Date of onest
9. industry of work SAW 10. Data data this or year)		4 spar	ima (yaars) nt in this 10	Ohr Myvearouty.  Carclin Documprishin 2 in Other Contributory Causes of Importence:	
(Stata or o	Albert M. Ha	land rlev Sr		Pylomany Coleman	1deg
H 14. BIRTHPL	ACE (city or town) Mary			Name of operation Date of What tast confirmed diagnosis? Was there an	10
	ACE (city or town)	tone land		23. If death was due to externel causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and St	, 19
(Address)	Mrs. Theodo Frederick,	Md.		Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
18. BURIAL, CREM	MATION, OR REMOVAL Breelow Spring	ook Hill S_Date_11/2	Cem. 3/36.,19	Manner of injury	
19. UNDERTAKER (Address)	M. R. Etch			24. Was disease or injury in any way related to occupation of decased?	av.
20. FILED 2 3	Jan., 19 36.0	hoffma	andy ,	(Signed) Hammy faking	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
pro 5			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------	-----	---------	------------	----	-----------

V. S. No. 1

	1. PLACE OF DEATH	· ·	152.00	,
	County + OS	Denet	Registration Dist. No.	30
-	Village Dr City Cint	wille, mello	a No. Mear Alsborer St.	
	Length of residence in city or town		(If death occurred in a horpital or institution, give its NAME instead of street are os	
/	2. FULL NAME Ba	lu Harris		_111001
/	(a) Residence: No. PLM	There	St Ward.	
/		(Usual place of abode)	If nonresident give city or town	
		TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	1
	Male Color or RAC	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193. (Ye
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	faut:	22. HEREBY CERTIFY, That I attend	led decease
å	6. DATE OF BIRTH (month, day, end year)	Act \$ 1436	1 last saw have alive on NOV 1 12 193	6 : death
certificate	7. AGE Yeers Mont	ths Days If LESS than	to have occurred on the date steted above, et . 7 30 m.	, dosti
rtif		16 1 day,hrs	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:	1 200
Jo	8. Trade, profession, or perticular kind of work done, es SPINNE SAWYER, BDDKKEEPER, etc	R,	Concenital Heart 16.	Data
back	9. Industry or business in which work was done, as SILK MILL.		0	94
s on b	SAW MILL, BANK, etc	11. Totel time (years) spent in this occupation		Bu
instructions on	12. BIRTHPLACE (city or town) (State or country)	nterniles	Dither Coutributory Causes of importance:	
str	E 13. NAME CASIS	Tt. Hannas		
See ir	E	maryland	Name of operation	
ند		and Samueless	What test confirmed diagnosis? Was there a	
important.	15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	may land	23. If death was due to externel ceuses (VIDLENCE) fill In also the follow  Accident, suicide, or homicide?  Date of injury  Date of injury	
very imp	17. INFORMANT (Address)	t. Hairis	Where did injury occur?  (Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	M & Cemelery	Manner of Injury	
N is	Place Infinitelle	Dete Mon 16 , 19 3	Neture of Injury	
TION	19. UNDERTAKER MIR. E	eletrison + Le	24. Was disease or Injury In any way releted to occupetion of deceased?	Mo
	(Address) Frede	recle All	If so, specify	,
	100 5000 100m/6 1036 1	Le OH de hund	(Signed) 1 1 1 LAGIA S, OL	in

STATE OF MARYLAND-CERTIFICATE OF DEATH

Y. That I attended deceased from

Was there an autopsy? 1

Data of onset

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
E. PEAU V.S		1 Commence of the commence of	
The same of the sa			
Other contributory causes of importance:	137 H I	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		manufacture and the second	

ADDITIONAL SPACE FOR FURT	HER STATEMENTS BY PHYSICIAN
to authorization believe	e date of birth see birth
Carificale (12/18/36.	)

3

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82.70
County & rederick within the Corporat	Registration Dist. No.
Village or City Seteleresky	No. 20 9 Will Que St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?
2. FULL NAME & li Grant Haugh	16 U. S. Veteran, specify WAR Decil
(a) Residence: No. 309 Will Quelue	St., Ward
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white OR-DIVORCED (refrice the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WHEE of Mobile Hereals	22. I HEREBY CERTIFY, Thet I ettended deceased from Out Nov. 19, 1936, 10
6. DATE OF BIRTH (month, day, and year)	I last saw h sas alive on Roy 1 , 19.36; death is sald
7. AGE Years   Months   Days   If LESS than	to have occurred on the data stated above, at
70 9 25 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:
8. Treda, profession, or particular kind of work dona, as SPINNER, Clerk of the Court SAWYER, BODKKEEPER, etc.	Cerebral Stemershage Hor193
kind of work done, as SPINNER, Clerk of the Court  SAWYER, BODKKEPPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  1D. Data deceased last worked at this occupation (months and	
1D. Data deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation 15.	
12. BIRTHPLACE (city or town) Recolies lung (State or country)	Other Centributory Causes of importance:
• • • • • • • • • • • • • • • • • • • •	To gas asserted
13. NAME  14. BIRTHPLACE (city or town)  (State or country)  13. NAME  (City or town)  (State or country)	Name of operation Dete of Was there an autopsy?
15. MAIDEN NAME Eleghoth, Crowner	23. If daath was due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Els alieth Crawer  16. BIRTHPLACE (city or town) Redicalizing  (State or country)	Accident, suicide, or homicide? Date of injury,19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. & durand Mantz.	Specify whether injury occurred in INDÜSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mit Office Coultry Date 11/22 1936	Nature of injury
19. UNDERTAKER C. G. Cheek + Sow (Address) & rederice, Med.	24. Was disease or injury in any way related to occupation of deceasad?
20. FILED 21- nov-, 1936 - and the Couls	(Signed) Tradeuce M.D.  (Address) Tradeuce M.S.
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		



certificate.

TION is very important. See instructions on back of

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE O				Worm W
County	Frederick			Registration Dist. No. 132'
Village or	city Middleton	vn		No. St., Ward
				death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NA	ME D. C. Hoo	lson	prison of a	If U. S. Veteran, specify WAR
(a) Reside	nce: No. Fort Be	lvoir.	18.	
		(Usual place	of abode)	It nonresident give city or town and State
3. SEX	NAL AND STATIST	,		MEDICAL CERTIFICATE OF DEATH
Male	4. color or race White		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH NOV 15 , 1936 (Month) (Day) (Yeer)
5a. If marriad, wido HUSBAND of (or) WIFE of	wed, or divorcad			22. AI HEREBY CERTIFY, That I attended deceased from
(01) 11112 01				
6. DATE OF BIRTH	(month, day, and year)	Unknown	1	I last saw h aliven ; death Is sain
7. AGE Ye	ars Months	Days	If LESS than  1 day,hrs.  ormin.	to her a order for the fate stated above, at
R Trada neof	ession, or particular		01	ware as londws.
SAWYEI	work done, as SPINNER, R, BODKKEEPER, etc	Goldier	U.S.	4
work wa	business in which as done, as SILK MILL, ILL, BANK, atc	Armj	7	Fracture base of skull
1D. Date dacea this occupear)	1D. Date daceased last worked at this occupation (month and year)			Possible fracture of whites
12. BfRTHPLACE (c)		erhill I	?a	Dthar Contributary Causes of importanca:
	Unknown			
13. NAME UNKNOWN  14. BIRTHPLACE (city or town)  (State or country)				Name of operation. It be Date of
1	22.2			What test confirmed diagnosis?
16. BIRTHPLAC	E (city or town)	un	known	23. If death was due to external causas (VIOL ENCE) fill In also the following:  Accident, suicide, or homicide?  Dete of Injury 1936
2) (State o	Army Reco	ords		Whare did injury occur? No. Pulled www., Pull (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	Fort Belvo		)	High way 31, miles
18. BURIAL, CREMA	TION, OR REMOVAL Ashington	Date	, 19	Menner of Injury and Tripselletoury Natura of Injury
19. UNDERTAKER (Addrass)	Gladhill Hiddleto	Co,		24. Was disease or injury in any way related to occupation of decaased? ZCO
20. FILED Nov.	1. 11 0	le	1 Sanne Registrar	(Signad) Server Herb M. I
	If more	blanks are maded		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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E	xample I	)	Example II			
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Chronic interstitial nephritis		1921	Run over by street car	1 week ago		
Cerebral hemorrhage	WURRAU Y.	July 5,1927	Peritonitis	3 days ago		
Other contributory causes	of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

ż

1. PLACE OF DEATH  County Heredwick Registration Dist. No.  Village or City Heredwick No.  Langth of residence in city or town where death occurred yrs.  Langth of residence in city or town where death occurred yrs.  (If death occurred in a horpital of institution, give its NAME instead of street and number)  Langth of residence in city or town where death occurred yrs.  (a) Residence: No.  Registration Dist. No.  No.  No.  No.  No.  No.  No.  No.
Village or City Are Seriete  No. Emergency Hospital was a war ward of the side of street and number)  Langth of residence in city or town where death occurred yrs, mos. ds. How long in U.S. if of foreign birth?  2. FULL NAME  (a) Residence: No. Pridge ville M.A. St., Ward.  (Usual place of a bode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIOOWEO, OR DYVORCED (write tha word)  Se. If married, widowed, or divorced  HISSBAND of Month)  (Day)  (Year)
Langth of residence in city or town where death occurred yrs, mos. ds. How long in U.S. if of foreign birth? yrs, mos. ds.
Langth of residence in city or town where death occurred yrs, mos. ds. How long in U. S. if of foreign birth? yrs, mos. ds. how long in U. S. if of foreign birth? yrs, mos. ds. how long in U. S. if of foreign birth? yrs, mos. ds. how long in U. S. if of foreign birth? yrs, mos. ds. how long in U. S. if of foreign birth? yrs, mos. ds. how long in U. S. if of foreign birth? yrs, mos. ds. how long in U. S. if of foreign birth? yrs, mos. ds. how long in U. S. if of foreign birth? yrs, mos. ds. how long in U. S. if of foreign birth? yrs, mos. ds. how long in U. S. if of foreign birth? yrs, mos. ds. how long in U. S. if of foreign birth? yrs, mos. ds. how long in U.
2. FULL NAME Care To ale Jacksone Cutery  (a) Residence: No. Ridge ville, Man. St., Ward.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DEVORCED (write tha word)  Se, if married, widowed, or divorced  (Month)  (Day)  (Year)
(a) Residence: No. Ridge wille, M.A. St., Ward.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DAVORCED (write tha word)  5e. If married, widowed, or divorced  (Month)  (Day)  (Year)
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DAVORCED (write tha word)  5. SINGLE, MARRIED, WIOOWEO, OR DAVORCED (write tha word)  5. HISBAND of HISBAND of Market Missand of Month (Day)  (Wonth)  (Wonth)  (Wonth)  (Wonth)  (Wonth)
3. SEX 4. COLOR OR RACE OR DAVORCED (write tha word) Se. If married, widowed, or divorced HISRAND of HISRAND of Married HISRAND
Male Col OR DYORCED (write tha word)  Se. If married, widowed, or divorced  HISRAND of Month)  OR DYORCED (write tha word)  (Month)  (Day)  (Year)
5e. If married, widowed, or divorced
HUSBAND of
(or) WIFE of 22.   HEREBY CERTIFY, That I attended deceased fro
2007, 16, 1936, to 2007, 17, 1935
6. DATE OF BIRTH (month, day, and year) July 8 1920   lest saw h alive on 2000 16 ,1936; death is se
7. AGE Years Months Jays If LESS than to have occurred on the date stated above, atm.
ormin. Were as follows:
9. Industry or business in which
work was done, as SILK MILL, SAW MILL, BANK, etc
Spont in this
Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)
I marine of vivale
(State of country)
What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME 23. If death was due to external ceuses (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury
(State or country)  Whera did injury occur?
17. INFORMANT Miss adels berger Thrulence Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Frederick Jud.
18. BURIAL CREMATION, OR REMOVAL  Manner of injury
Place Claudappip Oete flow 1 7, 1970 Nature of injury
19. UNOERTAKER D. V
20. FILED 7- nov. 1936. Dra & W. Conly (Signed) 3. O. Thomas M. Registrar, (Addrass) Frederick ned
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II			
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:			
	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis 1926	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
V. S. J					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FU	RTHER STATEM	ENTS BY	PHYSICIAN
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B.-WRITE mation

V. S. No. 1

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1	1	4	4	1)	

(Yeer)

Date of onset

Wes there en eutopsy?\_\_\_\_

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		The second secon			-		 +	-

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	Example I	1	Example II				
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
Arteriosclerosis Chronic interstitial nephritis		1915	Attack of epilepsy	1 week ago			
		1921	Run over by street car	1 week ago			
Cerebral hemorrhage	NEC 3 1939	July 5,1927	Peritonitis	3 days ago			
	THE PARTY OF THE P	1					
Other contributory	causes of importance:		Other contributory causes of importance:				
Gallstones		May 1,1923	Gastroenteritis	1 year			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
TYPANTATACATA	DESTOR	TAIL	T. CITTILLIE	DIEST THEFT IN	LJ L	T TE T DAY TAY

OCCUPA-

1. PLACE OF DEATH  County Frederick  Village or City Frederick Monteurs  (If  Length of residence in city or town where death occurred yrs mos.  2. FULL NAME Dany Boy (If  (a) Residence: No. Frederick Mul.  (Usual place of abode)	Registration Dist. No.  No. Mary Grant Mary Hospital Ward death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?  Outside  Registration Dist. No.  No. Mary Grant mos.  ds.  Ward  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If marriad, widowed, or divorced HUSBAND of (or) WiFE of	21. DATE OF DEATH  (Month)  (Day)  (Yeer)  22.  I HEREBY CERTIFY. Thet I attended deceased from Nov 17 , 19.36, to Nov 18 , 19.36
6. DATE OF BIRTH (month, day, and year) Mr 17 1936	19-22-19
7. AGE Years Months Days if LESS than I day,hrs.  O   Japan   J	to have occurred on the date stated above, at
12. BIRTHPLACE (city or town) Treslegue Co.  (Stata or country)	Other Contributory Causes of importance:
13. NAME Osar plavid kline  14. BIRTHPLACE (city or town) — Firederighe Co.  (State or country)	Neme of operation.  Date of
EL IS MAIDEN MANY DO 1 10 1 10 10 10 10 10 10 10 10 10 10 10	Whet test confirmed diegnosis? Was there an eulopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury , 19  Where did injury occur? (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in BUBLIC PLACE.

V. S. No. 1 If so, specify Registrar.

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Addrass)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Nature of Injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example 1		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 5 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
I oppopati V. S. I			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

should state

PHYSICIANS

of OCCUPA.

V. S. No. 1

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1. 1	PLACE OF DEATH	
	County Trederick Within the Our por	Registration Dist. No.
	Village or City Trederick	No. 330 E. 324 St., Ward
	An	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2 1	FULL NAME Victor Adams Kro	La Mou. S. Veteran, specify WAR None
	(a) Residence; No. 330 E · 3 24 0	St. A Ward
	(Usual place of abode)	If nonresident give city or town and State
3. SEX	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
m	Cale Mit OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If	married, widowed, or divorced USBAND of Armie E. Krok or) WIFE of Armie E.	22.   HEREBY CERTIAY, Thet I attended deceased form
	TE OF BIRTH (month day and year) 1600; 29-1868	1970 , 1978 , to 1970 , 19
6. DAT	E Of BIRTH (month, day, and year)	I last sew h elive on , 19 ; death is said to heve occurred on the dete stated above, at 1938 Am_
	47 11 28 1 day,hrs.	U-OPRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Z	Frade, profession, or particular kind of work done, as SPINNER	Daje of onset
ATIO	SAWYER, BOUKKEEPER, etc.	Summy or cautin 1211
OCCUPATION	work was done, as SILK MILL Saw MILL, BANK, etc.	Dead no O arrival
	b. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this 223 occupation	
12. BI	RTHPLACE (city or town) Slew Rock	Other Contributory Causes of importance:
12. 01	(State or country)	
HE IS	NAME Whas Kroh	
FATHER 14	BIRTHPLACE (city or town) Sten Orock	Name of operation
	(State or country)	What test confirmed diagnosis? Was there en eutopsy? V
	S. BIRTHPLACE (city or town) Slean Rock	23. If deeth was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
X	(State or country)	Where did injury occur?
17. IN	FORMANT Mrs. Freton Kroh (Address) Frederick mid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
	RIAL, CREMATION, OR REMOVAL	Menner of injury
	Plece Det & Civil Cent Date Nov. 30, 19 36	Neture of injury
19. UN	DERTAKER 6. E. Coline & Son	24. Wes disease or injury in apyrocyclated to occupation of deceased?
	(Address) medering med	If so, specify
20. FII	ED 8-NOV, 1936 AllaCleuse	(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory courses of importances		
May 1,1923	Gastroenteritis	1 year	
-	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5,1927  Peritonitis  Other contributory causes of importance:	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



	S	TATE C	F MAR	YLAND-	CERTIFICATE OF DEATH	1446
/:	1. PLACE OF DEA				82-02)	. ,
	County I'red	derick			Registration Dist. No	1.5
	Village or City			, (I	NoSt.,Step death occurred in a hospital or institution, give its NAME instead of street and	
	Length of residence in c	ÇU	201-		ds. How long in U.S. if of foreign blrfh?yrsn	10sds
	2. FULL NAME		rossnic	RIE Leat	herman If U. S. Veteran, specify WAR	
	(a) Residence: No.		(Usual place	of abode)	St., Ward.  If nonresident give city or town an	d State
	PERSONAL AN	D STATIST			MEDICAL CERTIFICATE OF DEATH	
3.	73 7 -	or or race	5. SINGLE, MAR OR DIVORCE	RIED. WIDOWED, D (write the word)	21. DATE OF DEATH NOV. 26	, 193 6 (Year)
5a.	If married, widowed, or divention of the HUSBAND of (or) WIFE of Jal	lelvin I			22. I HEREBY CERTIFY, That I attended	
6.	DATE OF BIRTH (month, da	y, and year) JE	nuary 9	,1858	I tasf saw tel ative on Rov. Z. 5, 1936	
7.	AGE Years 78	Months 10	Days 9	If LESS than  1 day,hrs.  ormin.	fo have occurred on fhe date sfated above, atZ_A_m.  The PRINCIPAL CAUSE OF DEATH and retated causes of importance were as follows:	Date of onset
OCCUPATION	8. Trade, profession, or p kind of work done, SAWYER, BOOKKEI 9. Industry or business in work was done, as SAW MILL, BANK, 10. Date deceased last wo fhis occupation (mo	, as SPtNNER, EPER, etc n which SILK MILL, efc rked at	11. Total t	wife	Cardial Dilitation	Nov. 23
12.	BIRTHPLACE (city or fown) (Sfate or country)	11936 - 50		pation	Other Contributory Causes of importance: Corebral Heserophage.	Oct 1
1ER	13. NAME GOOTE	e Gross	nickle		35	
FATH	14. BIRTHPLACE (city or to (State or counfry)				Name of operation 2000 Date of	
HER	15. MAIDEN NAME	Sarah Gr			23. If death was due to external causes (VIOL ENCE) fill in also the followin	
16. BIRTHPLACE (city or fown) liversville, Md. (State or country)			sville,	lid.	Accident, suicide, or homicide?	
	(Address) IIVer	Elbert Sville,	lid .		(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ACE,
18.	BURIAL, CREMATION, OR P	removal Cem	Date 11/	ton 29,19.3(	Manner of injury	
19.	UNDERTAKER 718	dhill C	ompany.		24. Was disease or injury in any way related to occupation of deceased	w
20.	FILED MON. 29,	1936bha	rles LL	eatherna Registrar.	(Signed) Slaves Horfs (Address) Hard All A	Hid.
		T.C	blanks are moded	11 0 0	- CONTRACT STATES	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
•	6			

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH 000 should County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME justead of street and number) SICIANS How long in U.S. if of foreign birth? If U. S. Veteran, specify WAR (Usualplace of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write-the word) (Month) (Day) BINDING 5a. If marriad, widowad, or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. properly Days 7. AGE Months If LESS than to have occurred on the date stated above, at ... 1 day, .....hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or \_\_\_\_ min. 8. Trede, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.---OCCUPATION ARGIN RESERVED may pluods 9. Industry or business in which work was dona, es SILK MILI SAW MILL, BANK, etc.... 10. Date decaased last worked at 11. Total time (years) this occupation (month and spent in this so that occupation ... 12. BIRTHPLACE (city or town) (State or country) FATHER See 14. BIRTHPLACE (city or town) in plain (Stata or country) carefully What test confirmed diagnosis?\_ MOTHER 15. MAIDEN NAME 23. If death was due to externel causes (VIOLENCE) fill in also the following: OF DEATH 16, BIRTHPLACE (city or town) ... (State or country) Whare did injury occur? \_treslessek (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE plnods (Address) 18. BURIAL, CREMATION, OR REMOVAL Mannar of injury CAUSE LION

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DEC 5 1936			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAL
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V. S. No. 1

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis DEC 5	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11440
1. PLACE OF DEATH	
County Drederick within the corne	Registration Dist. No.
Village or City Frederich (1)	No. Telen le Cott Date by Ward death occurred in a hospital or institution, give it NAME instead of street and number)
Length of residence in city or town where death occurred	-204
2. FULL NAME Clara Hironnia me hale	If U. S. Veteran, specify WAR Zeon
	Ct Word
(a) Residence: No. 4.31 (U). Abuille (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH  Month (Oay) (Year)
5a. If marriad, widowed, or divorced HUSBAND-of (or) WIFE of Charles Se Mehrling	22. I HEREBY CERTIFY, That I attended deceased from
Charles S. Menreug	11/2/3.6 , 19.16 , to
6. DATE OF BIRTH (month, day, and year) Sept 10-1873	I last saw h_ the aliva on
7. AGE Yaars Months Oays If LESS than I dey,hrs.	to have occurred on the date stated above, at
8 Trade profession or particular mongology.	were as follows:  Date of onest  1/4/8
kind of work done, as SPINNER, Starl Helper)	Deabette Coma 11/6/2
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Oate daceasad last worked at this occurration (month and	17
10. Oate daceasad last worked at this occupation (month and year)  11. Total time (years) spent in this occupation 4/2	
12. BIRTHPLACE (city or town) Treslerich, Medi.	Other Contributory Causes of Importance:
	Haveter Mellers
13. NAME George W. Joung  14. BIRTHPLACE (city or town) To My a Survey	Name of operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Mary E. allequale	23. If death was due to axternal causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Mary E. albande  16. BIRTHPLACE (city or town) D' rederred Md.	Accidant, suicida, or homicide?
(State or country)	Whare did injury occur?
17. INFORMANT Mrs. Mrs. Dewis (Address) Treferier rud.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR-REMOVAL	Menner of injury
Place But alivet Constery Date 11/10	Nature of Injury
19. UNDERTAKER C. E. Chief of Low. (Addiss) Freelerick Md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILEPI- hor., 1936. and I have Conde	(Signed) Advortugu M. I
Registrar.	(Address) 9. C

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. f. restaution

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Ex	ample I		Example II	
The principal cause of dear of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	= 1938	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	DEC 0	1921	Run over by street car	1 week ago
Cerebral hemorrhage	1 V.	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

X	==		0	
	. Every	ICIANS	tement	
	ECORD	PHYS	ract sta	
	r R	Y.	É	
IARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every it	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement o	
BI	PEI	M	ly	ate.
FOR	IS A	stated	proper	certific
ED O	HIS	pe	pe	Jo
SERVI	NK-T	pluods	it may	TION is very important. See instructions on back of certificate.
RES	GI	GE	that	us o
Z	DIN	A .	80	ictio
ARGI	UNFA	pplied	terms,	instru
5	H.	y su	ain	See
	WIT	full	n pl	nt.
	Y,	care	H i	orta
	E	be	EAT	imp
	PLA	plnc	F D	ery
	E	she	E 0	is v
	RI	tion	COS	NO
10.1	=	ma	CA	II
V. S. No. 1	m	1	3	1
>	Z		3	1

County Think	~ / / / /	(157.d)	Registration Dist. No.	148
Village or City	worth Ad	NDNDNDNDNDND	St ution, give its NAME instead of street	
Langth of rasidanca In city or town where	death occurred yrs mos	s. How long in U.S. if	of foreign birth?yre	mos
FULL NAME Infant	a C moles	If U. S. Veteran	, specify WAR	
(a) Residence: No.	awel To	St., Ward.		
	(Usual place of abode)	NEDICAL C	If nonresident give city or tow	
PERSONAL AND STATIST			ERTIFICATE OF DEAT	Н
4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR LVOKCED (write the word)	21. DATE OF DEATH	(Month) (Day)	, 193 (Yaar)
If marriad, widowed, or divorced HUSBAND of				
(or) WIFE of		1 HEREB	Y CERTIFY, Ibet i ette	nded deceased t
	1-01-36	Had saw by same alive an	100 2 2 10	36
OATE OF BIRTH (month, day, and year) GE Years Months	Days If LESS than	to heve occurred on the date ste	ad shows at A m	, death is
Tadas Montais	1 day, Les hrs.		TH and related causes of importance	
	ormin.	ware as follows:		Date of o
8. Trada, profession, or particular kind of work done, as SPINNER,	hou			10
SAWYER, BOOKKEEPER, atc 9. Industry or business in which		Mallo	mi S	53
work was dona, as SILK MILL, SAW MILL, BANK, etc.	Rome	Jan 1702	in a contract	2
10. Data daceased last worked et this occupation (month and	11. Total time (yaars) spent in this	Chef to Marate a	nd have-life approx	1/2
year)	ecupation	ently involving the	400	1945
BIRTHPLACE (city or town)	- Land	Other Contributory Causes of Im	portanca:	学了
(State or country)	rel	Deals	male	
13. NAME COMPLE				
0	1	Name of according	nu	
14. BIRTHPLACE (city or town) (State or country)		Nama of operation	Tagse William	01
15. MAIDEN NAME	Puelle	What test confirmed diagnosis?		a an autopsy?
ASS. MAIDEN IN	2011		ouses (VIOLENCE) fill in also the foi	-
16. BIRTHPLACE (city or town)	20/		Dete of Injury	, 19_
(State or country)	0.	Whare did injury occur?	(Specify city or town, county an	d State)
INFORMANT (Address)	el he	Spacify whather injury occurred	in INDUSTRY, in HOME, or in PUBL	IC PLACE,
BURIAL, CREMATION, DR REMOVAL ON	muck	Mannar of Injury		
Place Level Hughin	Date Nort 2 4 , 19 34	- Natura of Injury		
UNDERTAKER Off 22/2	Join mid	24. Was disaasa or injury in any If so, specify	way ralated to occuration of daceasa	d?
	1011	(Signad)	9-14/16	12

V. S. No. 1

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
THE RESIDENCE OF THE PROPERTY			
Other contributory causes of importance:	in in light	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The second secon			

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	45-F)
County Diederik	Registration Dist. No. UUI
Village or City 62 mawring	No. St., Ward
1	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign blrth?yrsmosds.
2. FULL NAME William 9 mnogrow	If U. S. Veteran, specify WAR
(a) Residence: No. 521 East Patomac (Usual place of abode)	St., Ward.  If nonresident give city or town and Stale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR DIVORCED (write the word)  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  4. COLOR OF RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
HUSBAND of Many M Gleason	22. I HEREBY CERTIFY. That I attended deceased from 1936, to //- 22 1956
6. DATE OF BIRTH (month, day, and year) Jan 29 1880	I last saw h.LIM alive on // - 22 - 36 , 19 ; death is said
7. AGE Years Months Oays If LESS than 1 day,hrs.	to wave occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, Frie Marchaelf.  SAWYER, BOOKKEEPER, etc.  1. Industry or business in which	Carenava of Turot 1955
work was done, as SILK MILL, O 1 11, Total time (years) spent in this year) 11, Total time (years) spent in this occupation (month and year)	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:  Chine Revelutes 1936
13. NAME Walter 5 Minagrand  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of What test confirmed diagnosis? B. Office Was there an autopsy? Let
15. MAIOEN NAME Anna Charles 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLETCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Amaly 5 minagrove (Address) Romnaurick mel	Specify whether injury occurred in HNDUSTRY, In HOME, or In PUBLIC PLACE.
Place Peuk Hught Commswift and 1936	Manner of Injury
19. UNOERTAKER ST 2212 TO STANDING MADERIAL MADE	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)
20. FILEO Car & Common 1936 Child St. S. H. S. Registrar.  If more blanks are needed, address State Registrar.	(Signed) (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1 DEC 4 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other centributery gauges of importance	
other contributory causes of importance:		Other contributory causes of importance:	75-10
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TINDITITION	OI AUL	T. OTC	T. O IV T TITITIO	O T TO THE TOTAL TO	DX	LILIDICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11452
1. PLACE OF DEATH	8
County Frederick	Registration Dist, No. 121
Village or City Moutever	No. E Men all the Mark Ward death occurred in a hospital or institution, give in NAME instead of street and number)
Length of residance in city or town where death occurredyrsmos	
2. FULL NAME Baley Bay May	ylar If U. S. Veteran, specify WAR More
(a) Residence; No. 104 W. Alle	Ward, Dore
10 Hur. 6 (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 22
Male Caloud Ringle	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of	22.   HEREBY CERTIFY, That I ettended deceased from
(or) WIFE of	22. 707. 22 1936 to 222 22 1938
6. DATE OF BIRTH (month, day, and year) Nov , 22, 1936	Hast saw h aliva on the transaction is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3°. P. m.
1 day O ars	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or parlicular	were es follows:
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	STILL Thousand Bon
9. Industry or business in which	22
work was done, as SILK MILL, SAW MILL, BANK, etc.	
year) occupetion	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town)	
(Stata or country)	
13. NAME (Malls Markov)  14. BIRTHPLACE (city or town). Marky for definition of country)	
4 14. BIRTHPLACE (city or town) Massylova	Neme of operation Date of
(State or Country)	What test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME Mary 33ell	23. If death was due to externel couses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
State or country)	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT (Address) 10 4NV. 6 541. Load NV	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Greenfield Male Man 23, 1936	Neture of Injury
19. UNDERTAKER M. O. Clayison + for	24. Was disease or injury in any wey related to occupation of deceased? 220
(Addiess fredered Mid	If so, specify
20, FILEO 23-hov, 1936. Dre & his Crusy	(Signed) 1307 luces M. D.
Registrar.	(Address) Balesush Md
If more blanks are needed, address State Revisitrar	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1986	July 5,1927	Peritonitis	3 days ago
DE V . 3. 1			
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR F	URTHER STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

	STATE O	F MARYL	AND-CERT	<b>IFICATE</b>	OF	DEATH
--	---------	---------	----------	----------------	----	-------

1	. PLACE OF DEATH	(83)	9//
	County I design	Registration Dist. No. / 3	7
	Village or City Commerce Commerce Of The City	death occurred in a hospital or institution, give its NAME instead of street and num	Ward
	Length of residence In city or town where death occurred		
2	FULL NAME Mary Musican	(If U. S. Veteran, specify WAR Survey )	
	(a) Residence: No.	St., Ward.	
-	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and Sta	nte
3. S		21. DATE OF DEATH	
7	enale white OR DIVORCED (write the word)	(12)	93 6 (Year)
5a.	If marriad, widowed, or divorced HUSBANO of (or) WIFE of	22.   I HEREBY CERTIFY, That f attended dec	ceased from
· 6. I	DATE OF BIRTH (month, day, and year) Qua 29-1860	liast saw her alive on Hov 5" 1936 d	., 19. Z( laath is said
7. /	AGE Years Months Days If LESS than	to have occurred on the date steted ebove, at 8m.	
	76 2 / 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importanca were as follows:	Data of onest
NOI	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Progressin Jarahysis	0 21-
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	9	7. Y. U.
000	10. Date deceased lest worked at this occupation (month and years) 11. Total time (years) spent in this occupation 54		
12.	BIRTHPLACE (city or town) Starrent (State or country)	Other Contributory Causes of importance:	1928
ER	13. NAME COLLAR TO LA COLLAR TOLLAR TO LA COLLAR TO LA COLLAR TO LA COLLAR TOLLAR TOLLAR TO LA C		
FATH	14. BIRTHPLACE (city or town) Deblin (Stata or country)	Name of operation Oate of Oate	
HER	15. MAIDEN NAME THAT I ROUGH	What test confirmed diagnosis?	psy/
MOTH	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury	19
Σ	(State or country)	Whara did injury occur?(Specify city or town, county and State)	
17.	(Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18.	Place Survey to Language 2/1936	Menner of injury	
f9.	UNDERTAKER LAST Shares to	Nature of injury  24. Wes disease or injury in any way related to occupation of deceased?	٧
20.	FILEO Nov 20, 19.36 Me F. Shaffrey Of Registrar.	(Signed Morris Build (Address) Thursday - MO	М. О

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis DTC 3 1906	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			Maria T	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

A-re	STATE OF MARYLAND	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH .	(30)
ould OCC	County Trederick Co	Registration Dist. No. / 3 8
item of should of OCC	Village or City Bartonwille	No. St. Ward
		death occurred in a horpital or institution, give its NAME instead of street and number)
Every CIANS ement	Length of residence in city or town where deeth occurredyrs	ds. How long in U.S. if of foreign birth?yrsmosds.
RD. Every YSICIANS	2. FULL NAME Clice Virginia	nustaun
ND.	(a) Residence: No. (Usual place of abode)	Ward.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
T RE	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH // /3 193 36
ING NEN' CTL sified.	5a. If married, widowed, or divorced	(Month) (Day) (Year)
0 4 1 %	HUSBAND of (or) WIFE of	22.     HEREBY CERTIFY, That I attended deceased from
BINI ERM EX A class	1 102/	1/- Y 1936, to // 3 1936
BI PEI Iy ate.	6. DATE OF BIRTH (month, dey, and yeer)	I last saw h_a_ alive on
FOR B: IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than 1 dey,hrs.	to have occurred on the dete stated above, et. 12.30.m.  The PRINCIPAL CAUSE OF DEATH end related ceuses of importance
FO IS state properties	Ormin.	were as follows:
_ 70	8. Trede, profession, or particular kind ot work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	(certe regin us. 11-6.)
	9 Industry or business in which	
SERVI NK_T] should it may n back	work wes done, es SILK MILL, SAW MILL, BANK, etc	
INI INI INI I sk	- Spont in this	
RES I AGE that ons o	yeer) perupetion	Other Contributory Causes of importance:
FH 1 MM	12. BIRTHPLACE (city or town) Mary	Keckotto
MARGIN RI UNFADING supplied. AGI n terms, so tha	(State or country)	
	13. NAME Alere pustam	
- T - TO	14. BIRTHPLACE (city or town)(Stete or country)	Neme of operation Dete of
Hara.		What test confirmed diagnosis?
PLACLY, W) hould be carefu  OF DEATH in p	I	23. If death wes due to externel ceuses (VIOL ENCE) fill In also the following:
Id be can DEATH y import	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
be EAT	aline no almus	(Specify city or town, county and State)  Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
FPLA Should OF D	17. INFORMANT (Address) Frederic R I D	Specify whether injury occurred in INDUSTRIT, III NOME, OF IN PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
on s	Plece My Syle Date Nov. 13, 1936	Neture of injury
-WRITE mation s CAUSE TION is	19. UNDERTAKER S! Up Wright	24. Was diseese or injury in eny way related to occupetion of deceased?
0	(Address) Walkurille Md	If so, specify
rô a	20. FILED 14- Nov. 1936 Lucian K. Falconers	(Signed) & Gaurne D. M. D
, z	Registrar.	(Address) Irulinet mel
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	8	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	1	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
V. 3				

ADDITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 11454
1. PLACE OF DEATH .	950
County Jeseriel	Registration Dist. No. 1 5 4
Village or City Committeering	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
7'	4/1
2. FULL NAME J rances our que	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIO OWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Throng white wedgenes	(Monds) (Oay) (Year)
5a. If married, widowed, or divorced HUSENHOUT (or) WIFE of	22. I HEREBY CERTIFY. What I attended deceased from
(or) WIFE of William Ott	Cleg / 196 to May 24, 136
6. DATE OF BIRTH (month, day, end yeer) Worl, 26 1857	i last saw h. Tal. alive on
7. AGE Years Months Oays if LESS than	to have occurred on the date stated above, at
78 11 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	arteroscleronic cardio
SAWYER, BOOKKEEPER, etc.	Vaseular disease
work was done, es SILK MILL, SAW MILL, BANK, etc.	provel sps ago-
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and 1931 spent in this occupation)  11. Totel tima (years) spent in this occupation  12. Total tima (years) spent in this occupation	Y
year) occupation occupation	Other Cantribulary Causes of Importance:
12. BIRTHPLACE (city or town)	araemia lla 20, 1936
(State or country)	
I 13. NAME alexander abeliage	
13. NAME alexander alecholery	Name of operation Data of Data of
(State of country)	What test confirmed diagnosis? List and L. Maure Was there an autopsy? 750
15. MAIDEN NAME Vestelda Duttera  16. BIRTHPLACE (city or town) Carrell C.  (State or country)	23. if death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
4.1 1r	(Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address)	openia whether many occurred in modern, in nome, or in robell (EACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece John J., 1926	Nature of injury
19. UNDERTAKER Dy & Shade Da.	24. Wes disease or injury in any way related to occupation of deceased? MD
(Address)	. If so, specify
20, FILEO 200-36, 19 36 M. F. Shuff	(Signed) M. D
If more blanks are whole address State Persistence	(Address) Constant Religious Programme T) S No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 0.50 3 1	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUKEAU V. B.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	<b>STATEMENTS</b>	BY	PHYSICIAN
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. Every item of infor-

of OCCUPA-

PHYSICIANS should state Exact statement stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. JARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be -WRITE PLAIN

V. S. No. 1 Ë CTATE OF MADVIAND CEDTIFICATE OF DEATH

11455

SIAIL	F MAKILAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	within the Oorpo	Take minera. (E)-a)
County Frederick	Appenie due acon	Registration Dist. No.
Village or City Frederick		No. 19 Rosemont Ave St., Ward If death securiced in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where de	ath occurred 87 yrs 4 mo	If death recurred in a hospital or institution, give its NAME instead of street and number) os. 26ds., How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mrs. Jenr	nie Hiteschew O	tt If D.S. Veteran, specify WAR None
(a) Residence: No. 19 Rosen	nont Ave. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Nov. 8th.
Female   white	widow	(Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of		22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of George M. Ot	t	2. HEREBY CERTIFY. Instrument of steinden deceased from 1936
A DATE OF DEPTH ( th day d )	ne 12, 1849	I lest tow her alive on NN 8 ,19 3 death is said
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 10.0.15.4m. M
87 4	OG I dey,hrs	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence
8 Trade profession or particular	ormin.	were as follows:
	Housewife	Crebral Heursbige
9. Industry or business in which	- hamo	)
work wes done, es SILK Mill, At SAW MILL, BANK, etc.	t home	
- I this occupation (month one All)	11. Total time (years) 36 spent in this 60	
yeer)	occupetion	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Maryla	and	$\int \int $
(State or country)		mereo ochors
13. NAME Peter Hiteso		nune
14. BIRTHPLACE (city or town) Mary	land	Neme of operation
(State of country)	3	Whet test confirmed diagnosis? Was there an eutopsy?V.
15. MAIDEN NAME Mary Last	t name unknown)	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary Last 16. BIRTHPLACE (city or town) Mary (Stete or country)	yland	Accident, suicide, or homicide?
- (Stete of Country)		Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Miss Hal Lee (Address) Frederick, I	Ott Md.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Inod Nor 10 70	Manner of Injury
Place Mt.Olivet Cem. I	Page NOV. TO, 1950	Nature of Injury
19. UNDERTAKER M. R. Etchiso	on & Son	24. Was diseese or injury in any way releted to occupation of deceased?
(Address) Frederick, 1	Id.	If so, specify
20 FILED 9-NOV 136	Smelacudy	(Signed) M.D.
	Regiutar	(Address) Island This

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
DEC 5 1936				
Other contributory causes of importance:	M1 1020	Other contributory causes of importance:		
Gaustones	May 1,1923	Gastroentertus	1 year	
		•		

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

item of infor-	should state	of OCCUPA-	
RECO. Every	Y. PHYSICIANS	Exact statement	_
IS A PERMANENT	stated EXACTL	properly classified.	certificate.
LHIS	d be	y be	k of c
-WRITE PLAINEY, WITH UNFADING INK-THIS IS A PERMANENT RECO. S. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

ARGIN RESERVED FOR BINDING

1	. PLACE OF DEAT	Н			(3)	
County Frederick					Registration Dist. No. 130	}
	Village or City FO	rrest G	rove		No. St.	Ward
	Length of residence In city	y or town where d	eath occurred4	O yrsmos	death occurred in a hospital or institution, give its NAME instead of street and redds. How long in U.S. If of foreign birth?mc	umber)
2	. FULL NAME V	irginia	Page		If U. S. Veteran, specify WAR no	
	(a) Residence: No	Forrest	Grove		St., Ward,	
			(Usual place	of abode)	If nonesident give city or town and	State
	PERSONAL ANI	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. 1		or race		RIED, WIDOWED,  O (write the word)	21. DATE OF DEATH    Subsulut 26  (Month) (Day)	193 3 6 (Year)
5a.	If married, widowed, or divor HUSBAND of					
	(or) WIFE of G	eorge E	dward F	age	22. I HEREBY CERTIFY, That I attended a curyus 22 19 36 to Manufally 2	
	name of profits ( the t		Nor OO	7077	I last saw h. E.R. alive on Nav. 26 1936	
	DATE OF BIRTH (month, day AGE Years	, and year) Months	Nov. 28	1873	to have occurred on the dete stated above, at 7: 46P.m.	; geath is said
•••			28	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	63	11	60	ormin.	were as follows:	Date of onset
O	8. Trade, profession, or pa kind of work done, a SAWYER, BOOKKEE	S SPINNER,	on comi f		Hypertensial and arteriocal gratic	
OCCUPATION	9. Industry or business in	which	- علميله ۱۷ ت خاز واطالعة	· C	Carlie-vareular renal dislage	1934(?
D.	work was done, as S SAW MILL, BANK, e	ILK MILL,	At Ho	me	Carlos vareular Sonat distant	19340:
	10. Date deceased last world	ked at	11. Total ti	me (years)		
_	this occupation (mon year)	34	occi	nt in this pation20		
12	BIRTHPLACE (city or town)_				Other Contributory Causes of importance:	
14.	(State or country)	Main	.e.			
ER	13. NAME Jose	ph Reme	rick			
FATH	14 DIDTUDI ACE (situ or to	wa\			Name of operation Name Date of	
F	14. BIRTHPLACE (city or town (State or country)	Mai	ne		What test confirmed diagnosis? Was there an a	utonev2 MA
ER	15. MAIDEN NAME	Jane Der	rt		23. If death was due to external causes (VIOLENCE) fill In also the following	
ОТН	16. BIRTHPLACE (city or toy				Accident, suicide, or homicide? Date of injury	
×	(State or country)	Vir	inia		Where did Injury occur?	, •
	Josep	h Page			(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL/	e)
17.	(Address) Buc	keystov	m, Md		openi, medicingly eccented in induction, in nome, or in robello 12,	10L,
18.	BURIAL, CREMATION, OR RI		easant	Hill Cem	Manner of injury	
	PlaceMonro	via, Mc	L_DateNOT	29,19.36		
	M D	Etchio	on & Co	32	24. Was disease or injury in any way related to occupation of deceased?	No
19.	UNDERTAKER M.R.	derick.		44.4	If so, specify	
		,		/	(Signed) Charles A. Coully ).	
20.	FILED 2004 2.6., 1	9. Die	infort-boked	Registrar.	(Address) Buckleystaus n	16

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

7. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II		
Date of onset	The principal cause of death and related cau of importance were as follows:	ses Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	The principal cause of death and related cause of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:	

6	1
BINDING	
FOR	
RESERVED	
GIN	

V. S. No. 1

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

	S	TATE C	F MAR'	YLAND-	CERTIFICATE OF DEATH
1	. PLACE OF DEAT	H			- 0
	County Fred				Registration Dist. No.
	Village or City R.	D.#5 Fr	ederick	, Md.	No. St., Ward
	Langth of residance in city	y or town where o	leath occurred	1 yrs 6 mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. Hospital in U.S. if of foreign birth?yrsmosds.
2		Anita W			If the State of State of the St
	(a) Residence: No	Braddoc	k Heigh (Usual place		St., Ward.  If nonresident give city or town and State
	PERSONAL ANI	STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married					21. DATE OF DEATH 20 , 193 (Year)
5a.	If marriad, widowed, or divor HUSBAND of (or) WIFE of Ha	rry Ped	ldicord		22. I HEREBY CERTIFY, That I attended daceased from 1986 to Control 20 1936
6. ]	DATE OF BIRTH (month, day,	and year) Oc	t. 21.	1897	I last saw h sn_aliva on Low 19th, 19 36; daath is said
	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 4500 cm.
	39	0	29	1 day,hrs. ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
NOI	8. Trade, profession, or parkind of work dona, a SAWYER, BOOKKEEF	IS SPINNER.	Housewi	fe	Syphoid Feel 9
OCCUPATION	9. Industry or businass in work was dona, as SI SAW MILL, BANK, et	which ILK MILL, OW tc	n Home		
000	10. Date deceased last work this occupation (monyear)	dent . 3	6 II. Total ti	me (years) nt in this Life pation Life	
12.	BIRTHPLACE (city or town) (Stata or country)	Carrol		đ.	Other Contributory Causes of Importance:
ER	13. NAME J.J.	White			
FATHER	14. BIRTHPLACE (city or to	wn) Balt	imore		Name of oparation Data of
_	(State or country)		Md	•	What tast confirmed diagnosis? Was there an autopsy?
HER	15. MAIDEN NAMEAME				23. If death was due to external causes (VIOL ENCE) fill In also the following:
MOTHER	16. BIRTHPLACE (city or too (State or country)	wn) Balt	imore Md	•	Accident, suicide, or homicide? Date of Injury, 19 Whare did injury occur?
17.	INFORMANT Mr. Ha	arry Pe 5 Frede	ddicord rick. M	d .	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. S	BURIAL CREMATION, OR R T. Peters Co	emty Pote	Date NOV .	23, 1936	Manner of Injury
19.	UNDERTAKER	6.14.	Walts eld. M		24. Was disease or Injury In any way related to occupation of deceased? 200
20,	FILED 2/- Nov, 1	· Oppe	leende	Registrar.	(Signed) (Address) M. D. (Address)
		10	11. 1	11 .C D	NO LC DI P GICH

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Date of onset
1 week ago
1 week ago .
3 days ago
1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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WITH UNFADING INK-THIS IS A PERMANENT REC FOR BINDING ARGIN RESERVED mation should be carefully supplied. B.—WRITE PLAINLY,

V. S. No. 1

ż

TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	1458
1. PLACE OF DEATH		- B	
County Frederick a	by Hospita	Registration Dist. No. 2	- 131
Village or City Frederic	ik and	No. St.	Ward
	1/	death occurred in a hospital or institution, give its NAME instead of street an	d number)
Length of residence in city or town where death	occurradyrsmos.	ds. How long in U.S. if of foreign birth?yrs	mosds.
2. FULL NAME Daty	soy Titte	nger If U. S. Veteran, specify WAR	
(a) Residence: No.	lown Ind	/St., Ward.	
PERSONAL AND STATISTICA	(Usual place of abode)	If nonresident give city or town a	nd State
	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
	OR DIVORCED (write the word)	non 19	193 6
5a. If marriad, widowed, or divorced		(Month) (Day)	(Year)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, Thet f attende	
		2007 19 ,1984, to Jan 1	7 1936
6. DATE OF BIRTH (month, dey, and year)	1.19 1936	I fast sew h, 19	; daath Is said
7. AGE Yeers Months	Days If LESS than	to have occurred on the deta stated above, atm.	
	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wara as follows:	Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER.		- A)	
kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc		Grematine birthe	
Kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc		5 munto fetero	Mor 19
10. Date daceased last worked at	II. Total time (yaars) spent in this	Still house	34
this occupetion (month and year)	spent in this occupetion		
12. BIRTHPLACE (city or town) - I see See	iche mil	Other Contributory Causes of importance:	
(State or country)			
13. NAME Garry Edwar	& Villians		
14. BIRTHPLACE (city or town). Asso	el Co A	Neme of operation Dete of	
(Stata or country)	mid	What tast confirmed diagnosis? Was there as	200
15. MAIDEN NAME and Eliza  16. BIRTHPLACE (city or town) Jenney  (State or country)	abello Foremon	23. If death wes due to external causes (VIOLENCE) fill in elso the follow	
6 16. BIRTHPLACE (city or town) Jenney	town.	Accidant, suicide, or homicide? Date of injury	19
(State or country)	ma	Whare did injury occur?	
17. INFORMANT HOSSEL CO 1 1/1	rider	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC I	tate) PLACE,
(Address) Janey Ton	Ind		
18. BURIAL, CREMATION, OR REMOVAL	1 21 21	Manner of injury	**
Placa Jeney Laney D	ata Mor 2/, 1956	Natura of injury	
19. UNDERTAKER CONFUSSE &	un 1	24. Was diseasa or injury in any way ralatad to occupation of decaesad?	no
(Address) Janutry	- md	If so, spacify	
20. FILED Nov 20, , 1936 Feeler	el m Mehruey	(Signed) 3. C. Hospital (Address)	2 0 M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrat.

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Example I	7	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DEC 4 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAy5,1927	Peritonitis	3 days ago
FINEAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1011

Exact statement of OCCUPA-

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0
County Freak with the	Corporate Mills. Registration Dist. No.
Village or City Frederick	No. 200 E SZ courd St., Ward
Length of residence in city or town where death occurred 30 yrs. 6	If death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long In U.S. if of foreign birth?
2. FULL NAME Sester Many Places	Ph Elizabeth (dom)
(a) Residence: No. 200 E. Second (Usual place of abode)	St., Ward. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DESTHURENDA 3ed 1935 (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, day, and year) Jan 6 1862	I last saw h. S. alive on More 2nd 1836; death Is sal
7. AGE Yaars Months Deys If LESS than	to have occurred on the date stated above, at 12 12
174 9 27 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Mari Cardilla
kind of work done, as SPINNER, Raligiouse SAWYER, BOOKKEEPER, etc.	Chronia myseorditis Rug R.
9. Industry or business in which work was done, as SILK MILL, domestic work	Awation ton george
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  1. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceasad last worked et this occupation (month and year)  year)  11. Total tima (years) spant in this occupation.	
12. BIRTHPLACE (city or town) — Incland	Other Cantributory Causes of Importance: Close's
13. NAME David Tobin	
	New of counting
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Man & Bury	23. If death was due to axtarnal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary & Bury  16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Date of Injury 19
16. BIRTHPLACE (city or town)	Whare did injury occur?
17. INFORMANT Mothy Superior of The	(Specify city or town, county and State) Specify whather Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Visitation Country Date Nov. 5, 1936	
19. UNDERTAKER Herry & Cart Co	24. Was disease or Injury In any way related to occupation of deceased?_?200
20. FILED 3- Nov. 19.36. Dra Shu-Curly Registrat	(Signed) Company blussey M.  (Address) FREE SECK MA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	j	Example II	1000
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 20 5	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other centributery covers of important	
Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

RESERVED

ARGIN

state

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Date of enset

Aug.

1935

m.

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the common	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	
		1 week ago
\1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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state

1. PLACE OF DEA		F MAR	YLAND-	CERTIFICATE OF DEATH	11401
County Frede				Dr. C	nfay
Village or City_ N		okstown		No. Near Shookstown, Md. St.	Ward
village of CityX	Oct Diro	OMD OOWII	(If	death occurred in a hospital or institution, give its NAME instead of street	
Length of rasidance in	city or town whare o	daath occurrad	yrsmos	141.	mosds.
2. FULL NAME				Sty S Veteran, specify WAR None	
(a) Residence: No.	Near Sho	OOKSTOWI	n, Md.	St., Ward. / If nonresident give city or town	S
PERSONAL AI	ND STATIST	THE RESERVE OF THE PARTY OF THE		MEDICAL CERTIFICATE OF DEAT	
	or or race	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH November 21st, (Month) (Day)	, 193 <u>6</u>
5a. If marriad, widowad, or div HUSBAND of (or) WIFE of Har	ry W. R	idgely		22.   HEREBY CERTIFY, That latter July 17, 1933, to November	nded dacaasad from 21,19 36
6. DATE OF BIRTH (month, d	ay, end yaar)	August 8	3, 1896	l last saw h er aliva on November 11, 19	36; death is said
7. AGE Yaars	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, et 1:20 Pm. The PRINCIPAL CAUSE OF DEATH end related causes of importance	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
40	3	3	ormin.	were as follows:	Date ol onset
8. Trada, profession, or kind of work done SAWYER, BOOKKE	particular I, as SPINNER,	House V	Vork	Pulmonary tuberculosis	Period of vea
kind of work done SAWYER, BOOKKE 9. Industry or business work was dona, as SAW MILL, BANK 10. Data daceased last w	in which SILK MILL,	At Home			oi yea
10. Data daceased last w this occupation (m year)		spa	ima (years) nt in this 15 upation 15		1936
12. BIRTHPLACE (city or town (Stata or country)	) Maryl	and		Other Contributory Causes of importance: Pulmonary hemorrhage	11/21 20 min
# 13. NAME Samue	el C. Ar	mstrong			
13. NAME Samue	town)			Name of operation Data	of
(Stata of Country)	Pa			What test confirmad diegnosis? Was there	an autopsy?NO
15. MAIDEN NAME NO	ora V. P	almer		23. If death was dua to axternal causes (VIOLENCE) fill in also tha follows	owing:
15. MAIDEN NAME NO.				Accidant, suicide, or homicide? Date of Injury Where did injury occur?	
17. INFORMANT Hari (Address) Fred	lerick.	R. F. D	. Md.	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLI	d State) C PLACE.
18 BURIAL, CREMATION, OR CLOSE Place Production	REMOVAFred	erick M	emorial	Mannar of injury	
19. UNDERTAKER M. F. P. C. (Addrass)	Etchi lerick,	son & S Marylan	on a	24. Was disaase or Injury In any way related to occupation of decaased If so, specify	17. NO.
20. FILED 24 - nov.	, 136. Lu	2 9 9m	Registrar.	(Signed) Frederick, Marylan	nd M. D.

4 4 4 72 4

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC . C.	11		
Other contributory causes of importance:	Andready.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Barrier and the second			
		<u> </u>	

STATE OF MARYLAND-CERTIFICATE OF DEATH

1/2	L PLACE OF D	EATH			- GP	-		
	County Fr	derick			Registration Dist. No. / 38			
	Village or City	Bartons	ville		NoSt.,	_Ward		
	Length of residence	in city or town where c	deeth occurred	(18 76_yrsmos	NDSt., death occurred in a hospital or institution, give its NAME instead of street and numberds. How long in U.S. if of foreign birth?rrsmos	) ds.		
:	2. FULL NAME	Mrs. Em	ma J. Ro	oss	If U. S. Veteran, specify WAR None			
	(a) Residence: N	No. Barton			St., Ward.			
-	PERSONAL	AND STATIST	(Usual place		If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH			
3.		COLOR OR RACE		RIED. WIDOWED.	21. DATE OF DEATH			
	Female	Colored		D (write the word)	November 27, 193	6		
5e.	. If merried, widowed, or		I marr.	rea	(Month) - (Day) (Y	ear)		
	HUSBAND of (or) WIFE of	Charles	E. Rose	7	22. I HEREBY CERTIFY, Thet I attended decees			
-					1934 , to no Nov 27 , 11			
	DATE OF BIRTH (mont		October	31,1860	I last saw h Dr alive on Rox 2 4 , 19.34; deet	is seld		
1.		Months	Days	If LESS then 1 dey,hrs.	to have occurred on the dete stated above, at .5.205			
-	76	0	25	ormin.	ware as follows:	of onset		
NO	kind of work of	done on CDINNED	Housewi	fe	Cardin Valvula Lesin 19.	2.4		
OCCUPATION	9, Industry or busin	ess in which			Maraine Vacvara Color 17	30		
3	SAW MILL, BA	e, es SILK MILL, ANK, etc	At Home					
0	10. Dete deceesed las	n (month and 19 /3)	G spe	ime (yeers) nt in this 50				
-	yeer)		OCCI	upation	Other Contributory Causes of importance:			
12	. BIRTHPLACE (city or t (State or country)	lown)Mary	land					
2	13. NAME		owden					
FATHER			owdell					
FA	14. BIRTHPLACE (city (Stete or coun		arvland		Name of operation			
ER	15. MAIDEN NAME		inner		Whet test confirmed diagnosis?			
MOTHER	16 PIDTUDIACE (city				Accident, suicide, or homicide? Date of Injury1	0		
M	16. BIRTHPLACE (city (Stete or coun		vland		Where did Injury occur?	·		
17 INFORMANT Charles E. Ross			Ross		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.			
1		artonsvil						
18	BURIAL, CREMATION,		7.T	- 00 70	Manner of Injury			
	Place Bario	nsville C	GIDateNO	Vac 2 , 19 00	Neture of injury			
19		R.Etchis		n	24. Wes disease or injury In any way releted to occupation of deceesed?			
	(Address)	Frederick	, Md		If so, specify			
20	FILED Mor-28	1936 Luce	was R	Tolone	(Signed) Comme	M. D.		
				Registrar.	(Address) Sacolard mo			

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	Example I		Example II		
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	HECELVER	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago	
Ccrebral hemorrhage	DEC 7 1000	July 5,1927	Peritonitis	3 days ago	
	125 ATT V &				
Other contributory c	auses of importance:	1	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH	163
1. PLACE OF DEATH	(31)	2
County Frederick	Registration Dist. No.	21
Village or City Phospherick House	9 No. The release St., death occurred in a people of institution, give its NAME instead of street and n	Ward
Length of rasidence in city or town whera death occurred.		
2. FULL NAME Virginia Schue	Lag W. W. S. Veteran, specify WAR Mone	
(a) Residence: No. The Carting places (bode)	Frederich, Majongesident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Jemale White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world)	21. DATE OF DEATH  Nov. 3  (Month) (Day)	, 193 6
5a, If marriad, widowed or divorced HUSBAND of (or) WIFE of Charles Salus Dae	22. I HEREBY CERTIFY, That I ettended of Lice. 23. 1933, to how 3	deceased from
M - 26/1850	N	death is seld
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than	to have occurred on the date stated above, at	-, death 13 3014
77 5 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular		Date of onset
kind of work dona, as SPINNER, Warnestie	Chronic myocardatio	DEa 23
9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc	,	1933
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month end / 93 3   11. Total time (years) spent in this year)		
12. BIRTHPLACE (city or town)	Other Contributory Causes of importanca:	
(Stata or country) Maryland	Chronic Parenaleyundors	DEEZ
13. NAME FRONK Februile	Veplerities	1933
14. BIRTHPLACE (city or town)	Neme of operation Data of	
(State of Country)	What test confirmed diegnosis? Was there an e	
15. MAIDEN NAME Mahelia Ma Bride 16. BIRTHPLACE (city or town)	23. If daeth was due to external causes (VIOLENCE) fill in also tha following	
16. BIRTHPLACE (city or town)   (State or country)	Accident, suicida, or homicide? Data of injury	, 19
17. INFORMANT Miss adels Perges, Montern	Where did injury occur?  (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	
(Address) for ed brick fill.	Mannar of Injury	
Place Milleut flow Date Now 5, 1936	Neture of Injury	
19. UNDERTAKER M. R. achieve ton	24. Wes disease or injury in any way releted to occupation of deceased?	2-2
(Address) frederick, Ma	If so, specify BAD	
20. FILED J - Www., 19 De : Dra J. M. Curelly Registrary	(Signed) 20 Strong	Day
A Capital		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 3 1939	July 5,1927	Peritonitis	3 days ago
V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHY	SICIA	IN
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STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	94a 13/
County Handson Hong	Registration Dist. No.
Village or City Franker Onsuterly	No. St., War (If death occurred in a hospital pr institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurredyrs	nosds. How long in U.S. if of foleign birth?yrsmosds
2. FULL NAME Charles Stan	If U. S. Veteran, specify WAR 20
(a) Residence: No. Creaguelow	Nost Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH Nov 20 ,193 (Month) (Day) (Vear)
a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Chie man Spauls	22.   HEREBY CERTIFY, That I attended deceased fro
Tot VICY	Hast when the aliva on Nov 20 19 36 death is sai
5. DATE OF BIRTH (month, day, and year)	to have occurred on the date stated above, at . B m.
1 9 1 1 day,hi	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. frade, profession, or particular	were as follows: Date of onse
kind of work done, es SPINNER, Ham Work. SAWYER, BODKKEEPER, etc	Cinquia Rectoris Juna
kind of work done, es SPINNER, SAWYER, BODKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at SPEAS 11. Total tima (years) this occupation (month and	
SAW MILL, BANK, etc	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) / Curyland	
(State or country)	- Carmydearditis
13. NAME Of andolf Slaub	435
13. NAME Of andre Stand	Name of operation Date of
(State of County)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Lue Fox	23. If death wes dua to axternal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME LEE FOR  16. BIRTHPLACE (city or town) A Country (State or country)	Accident, suicide, or homicide? Date of Injury, 19
(State or country) istracted by mg	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Maurice Delles Seef + (Address) mindere Jume Frederick Che	Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece are essame Date new 20, 1909	Nature of Injury
19. UNDERTAKER M. A. CLOSES HIM. (Address) Thursman 2 2 2	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 21- Nev., 1936, Que of he Registral.	(Signed) BOTTONIA M.  (Address) Traderick, M.
<u> </u>	ar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related eauses of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage DEC 5 1936	July 5,1927	Peritonitis	3 days ago	
DEATH V. 3.				
Other contributory causes of importance:		Other contributory eauses of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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	5	STATE O	F MARY	/LAND-	CERTIFICATE	OF DEAT	TH	11465
1.	PLACE OF DE	АТН	and the balance transfer		132			21
	County 2	rederic	k			Registration Di	st. No.	21
	Village or City	Inederi	ch (	md		le City Hay		Ward
	Length of residence in	city or town where de	ath occurred	(If	death occurred in a hospital or in			
	-	2	A A	14.	0		yls	11105
Z	. FULL NAME	M.	Marie	summ		an, specify WAR	www.	
	(a) Residence: No.	Transa	(Usual place of	of abode)	St. Ward.	If nonresident gi	ve city or town an	d State
	PERSONAL A	ND STATISTIC	CAL PARTIC	CULARS	MEDICAL	CERTIFICATE	OF DEATH	
3. S	EX 4. COL	OR OR RACE	5. SINGLE, MARK	tIED, WIDOWED, (write the word)	21. DATE OF DEAT	How	21	,
Le	male 4	White		lowed		(Month)	(Dey)	(Year)
5a.	If merried, widowed, or di- HUSBAND of	vorced	1.		22. LA IHERE	BY CERTIFY	That I attende	d deceased from
	(or) WIFE of	cues H.	Steness	al.	(ov. 17	19 36 to 72	00.21	, 19.7.6
6. D	DATE OF BIRTH (month, d	lay, end yeer) OC	1.21,186	8	I lest sew h elive on	nov. 21	, 19_7_1	4.; deeth is sele
7. A	AGE Years	Months	Days	If LESS then	to have occurred on the dete :		1m.	
	68	/	-	1 dey,hrs.	The PRINCIPAL CAUSE OF D were es follows:	EATH and related ceuses	of importance	Date of onset
	8. Trede, profession, or kind of work don SAWYER, BOOKK	particular e, as SPINNER, EEPER, etc.	Retired	2	Bronks - 1	Cherman		Zn.
2	9. Industry or business work wes done, a	in which s SILK MILL.	1	) (a a . )				
2	10. Date deceased lest w	, etc.	11. Total til	me (years)				
	this occupetion (m	nonth and	spen	tin this petion				
2	BIRTHPLACE (city or town	3410	Osucles	Cer	Other Coutributory Causes of	importance:		
4.	(State or country)	11)	2	ed.	artenose	leron.		
2	13. NAME	olomon	I Keene		07	usity.		
A	14. BIRTHPLACE (city or	town) Jok	ederica	k Co.	Name of operation		Date of	1
	(Stete or country)	,	med.		Whet test confirmed diegnosis	· Chical	Wes there an	eutopsy? NV
HEK	15. MAIDEN NAME	mary	Blace	e,	23. If deeth wes due to externe	ceuses (VIOLENCE) fill l	n also the follows	ng:
20	16. BIRTHPLACE (city or		ederic	te Cu,	Accident, suicide, or homicide	? Da	ta of injury	, 19
3	(Stete or country	)	71	rdi.	Where did injury occur?		wn, county and St	ate)
17.	(Address)	1 Jenga	men f	Villiams	Specify whether injury occurre	ed in INDUSTRY, in HOM	E, or In PUBLIC P	PLACE.
18.	BURIAL, CREMATION, OR	REMOVAL			Menner of injury			
	Place - Co-o-o	colors.	7. Date / / /	23 1936	Neture of injury			
19.	UNDERTAKER C-	& Clive	+ fo		24. Was disease or Injury In a	ny wey releted to occupeti	on of deceesed?	The
20	21 200	19.36. 81	e the	undi:	(Signed)	butun Oca	me.	M. D
			Janks and d-J	Registrar	(Address)	Tredonis ,	/h/\	
		AJ more b	ure necueu, a	seress state Negistrar,	2411 N. Charles Street, Baltimore	, Requesting U. J. No. 1.		

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIA	N
UDDITIONAL	DI AUII	LOW	T OILLIEUT	DIALEMENTS	DI	FRISICIA	T TA

BINDING RESERVED ARGIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Day)

(Yaar)

Date of onset

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			and the same	



1.	PLACE OF				CERTIFICATE OF DEATH		
	County	Frederick			Registration Dist. No.		
		ty Nr. Jef		(If	No. St., Wa death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos.		
2.	FULL NAM	ue John H	enry Su	lcer			
PALLED	(a) Residence	e: No. Nr. Je	fferson (Usualplace	Md • of abode)	St., Ward. NONE  If nonresident give city or town and State		
		AL AND STATIST	ICAL PARTI	CULARS	* MEDICAL CERTIFICATE OF DEATH		
3. SI	Male	4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE Mar	RIED, WIDOWED, O (write the word) PIEC	21. DATE OF DEATH 3.4 (Month) (Day) (Yeer)		
5e, I	56. If married, wildowed, or divorced HUSBAND of (or) WIFE of Fannie Hale				1 HEREBY CERTIFY. That I attended deceased 24 1936 to Nov 2 193		
6. D.	ATE OF BIRTH	month, day, end year)	Februa:	rv 12.185	All last saw humalive on Nov 2 ,1936; death is sa		
7. A			Days 22	If LESS than I day,hrs.	to have occurred on the dete stated above, at		
OCCUPATION	kind of work done, as SPINNER, Retired Farmer SAWYER, BOOKKEEPER, etc  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupetion (month and year).  11. Total time (years) spent in this occupation.		me (years)	Dacinformation & Prair engeren 1924 of organist Pulman idena. Vacute dilatation & breet 11/3			
12. E	BIRTHPLACE (city (State or coun	y or town)Ma	ryland		Other Contributory Causes of importance:  Cultures & Denous  [Ky pulseland V rouled. 193		
E E	13. NAME	Henry C.	Sulcer		Cysalis 4/1/2		
FATHER	14. BIRTHPLACE (State or	(city or town)	land		Name of operation Place of Date of What test confirmed diagnosis? Classical Was there an autopsy?		
15. MAIDEN NAME Catherine Feaster  16. BIRTHPLACE (city or town) (State or country) Maryland  17. INFORMANT Mrs. John H. Sulcer (Address) Nr. Jefferson, Md.  18. BURIAL, CREMATION, OR REMOVAL Jefferson, Md.  Place Methodist Cem. Date 11/6/3619			ryland H. Sulc		23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?		
			efferson	, Md . -/6-/3 <b>6</b> <sup>19</sup>	Manner of injury		
19. (		M.R.Etchiso Frederick, N			24. Was disease or injury In any way related to occupation of deceased? The last of the second of th		
20. F	FILEO 4- TVO	v. , 1936. 2r	a J. In	Registrar.	(Signed) Of Feloct Three M.  (Address) Jeffer Sen) Red		

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S Date of onset		
Date of offset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 weck ago
1921	Run over by street car	1 week ago
July 5, 1927	Pcritonitis	3 days ago
		÷
	Other contributory causes of importance:	- 333
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

of OCCUPA.

1	1	4	6	8

1. PLACE OF DEATH		110	DIE (3)
County Frederick	Within the	Corporate It	Registration Dist. No.
Village or City Freder			No. 2 East Third St. Ward
		7 474	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town when		-	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Elizab			If U. S. Veteran, specify WAR
(a) Residence: No. 2 East	(Usual place		St., Ward. Lather Missaure If nonrelident give city or town and State
PERSONAL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE female White		RIED, WIDOWED, O (write tha word) W	21. DATE OF DEATH  YOUR 27  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of			
(or) WIFE of Oliver B.	Sweat		22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	T 00	3048	Hast sawh alive on 2227, 27, 19.26; daath is sai
7. AGE Years Months	Jan 28,	1847	to have occurred on the date stated above, at L. Aum.
89 9.	29	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	23	101	were as rollows.
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Housewi	fe	Arenna, caused by - Dean 2
9. Industry or business in which work was done, as SILK MILL,	At Ho	277.0	Of.
SAW MILL, BANK, etc		me (yaars)	- Tronce nephritis Duration Unknown
this occupation (proof) and	Spei	nt in this 60	Cevit Ro
			Other Contributory Causes of importance:
12. BfRTHPLACE (city or town)	rssouri	**********	4 Chronic Meyoconditie 1930
13. NAME Thomas Rea	nd		, curous negocarane
E			Nama of operation
(State or country)	Missour	1	What test confirmed diagnosis? Was there an autopsy?
🖺 15. MAIOEN NAME Hartia	Ayres		23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME Nartha  16. BIRTHPLACE (city or town)			Accident, suicide, or homicide? Date of Injury, 19
(Stata or country) Ke	entucky		Where did injury occur? (Specify city or town, county and State)
17.INFORMANT Mrs E.L. Schmid (Address) Frederick: Nd.			Specify whathar Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	M	00 3	Manner of injury
Placa Lathrop Mo.			Nature of injury
19. UNDERTAKER M.R. Etch		on	24. Was disease or injury in any way related to occupation of deceased? 220
(Address) Frederick	Md.		If so, specify
20. FILED 27- NOV 1936 ()	Il Vem	4	(Signed) 1200 turnes M.
		Registrar.	(Address) Traderick, ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago	
DEC 5 1936				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE F	R FURTHER	STATEMENTS	BY	PHYSICIAN
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	iten	sh	Jo	
	B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of	CIANS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC	/
	RD.	YSI	Sta	
	RECO	HA	gxact	
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(	E	TI	fied.	
	RMAR	XAC	classi	
	PE	区	rly	ate.
	IS A	stated	rope	TION is very important. See instructions on back of certificate.
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	B.		H	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11469
1. PLACE OF DEATH	(a7)
County Frederick	Registration Dist. No. / 38
Village or City Mourovier	No. St. Ward
2. FULL NAME  (a) Residence: No. Mouroura Md.	Thomas St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White OR DIVORCED (write the word)	21. DATE OF DEATH Now 17, 193 (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of the late ann Elizabeth Thomas	22.   HEREBY CERTIEY, That I attended deceased from
DATE OF BIRTH (month, day, and year) July 27, 1856	I lest saw here alive on Nov 16, 1936; death is said
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4m.
80 3 2/ 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	arteria Geleracia 1928
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.	
10. Date decaased last worked at this occupation (month and 1921 spant in this year)	
2. BIRTHPLACE (city or town) Water fall  (State or country)	Other Contributory Causes of Importanca:
13, NAME Charles Wildred Thomas	
14. BIRTHPLACE (city or town) Culleakher & 0.7  (State or country)	Name of operation Data of What test and Street Clinical China Chin
15. MAIDEN NAME Mary Frances Clark	what test confirmed diagnosis? was there an autopsy?
16. BIRTHPLACE (city or town) Janquer (State or country)	23. If death was due to external causes (VIOL ENCE) fill In also the following:  Accident, suicide, or homicida?
7. INFORMANT Mrs. Roly Weller (Address) Mouroview, mg	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Va Date Nov 19, 1936	Manner of Injury
9. UNDERTAKER Beall Jus. (Address) Damascus Will	24. Was disaase or injury in any way related to occupation of decaasad? Mo
0. FILED. M.N. 17, 1936 Report T. Day	(Signad) Exuest P. Rowh M. D. (Address) New Market Md,
	2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEM	ENTS E	BY PI	HYSICIAN
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TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

V. S. No. 1

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		n of	pino	000
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(	1)	ING INK-THIS IS A PERMANENT RECORD. Every item of infor-	AGE should be stated EXACTLY. PHYSICIANS should state	o that it may be properly classified. Exact statement of OCCUPA-
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1. PLACE OF DEATH	OF MARILAND	CERTIFICATE OF L	JEATH	11470
County Indi	rich Within the Oorp		tration Dist. No.	2
Village or City I sede	wich, Ind.	No. I rederich Cit f death occurred in a hospital or institution, give it	St., St., St., St., St. NAME instead of street ar	War
Length of residence in city or town where	death occurredyrs,mgs	ds. How long in U.S. if of foreign bi	irth?yrs	_mosds
2. FULL NAME Of Mus, (a) Residence: No.	Mr / hillon I device md- (Usual place of abode)	St., Ward.	VAR None	1
PERSONAL AND STATIST		MEDICAL CERTIFIC		
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	. 25	193 6
5a. If married, widowed, or divorced	Surgle	(Month)	(Dey)	(Yeer)
HUSBAND of (or) WIFE of		1 HEREBY CER	TIEY, That I ettende	ed deceased from
6. DATE OF BIRTH (month, day, and yeer)	ec. 18-1871	I last saw h alive on	v. 25 192	4 : deeth is sai
7. AGE Years Months	Deys If LESS than 1 dey,hrs.	to have occurred on the dete stated above, at The PRINCIPAL CAUSE OF DEATH and rela		
2 Trade profession or particular	ormin.	were as follows:	too causes of importance	Date of onse
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	barozer	Cerebral Veny	rhege	nov. 6
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.				
1D. Dete deceased last worked at this occupetion (month and yeer)	36 11. Total time (years) spent in this 30 years			
12. BIRTHPLACE (city or town) Tredic (State or country)	riels	Other Contributory Causes of importance:		
1 0-4	Mruey	Arling sch	rone.	
13. NAME MULTON O  14. BIRTHPLACE (city or town)  (Stete or country)	Musulla.	Neme of operation	Dete of Westhere	an autonou? H
15. MAIDEN NAME Zaura	a. Haymond	23. If deeth wes due to external causes (VIOL		
15. MAIDEN NAME Donna (  16. BIRTHPLACE (city or town)  (State or country)	ma.	Accident, suicide, or homicide?	Dete of injury	, 19
17. INFORMANT Judge Ha (Address)	well hed.	Where did injury occur?(Specify Specify whether injury occurred in INDUSTR	y city or town, county and S Y, in HDME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Date Nov. 27, 1936	Manner of injury		
19. UNDERTAKER 6 & 6 Cinc	e Hoy	24. Wes diseese or injury in any wey related t	to occupation of deceased?	no
20, FILED 7- NVV , 136	Mousy Registrar.	(Signed) (Address)	Ceary	M. I
	1(15/31/21.	(11001000)	with the formand	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1	1	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 5 1936	July 5,1927	Peritonitis	3 days ago
OIL LALL V. S. J			
Other contributory causes of importance:	100 miles	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I	/1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
barresson V			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-cfully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be B.—WRITE PLAINLY,

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH County Trederick within the Corporate	946
County Treasures	Registration Dist. No.
Village or City Tredirick	No. St., Ward If death occurred in a horpital or institution, give its NAME instead of street and number)
Langth of residence In city or town where death occurred yrsyrsyrs	sds. How long In U.S. If of foreign birth?yrsmosd
2. FULL NAME arianna mal	Ken Mr. J. S. Veteran, specify WAR Comme
(a) Residence: No. 14 m. 44	St., Ward. Ward. If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH / 5
Tensale Colored married	(Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of  Aprace / Malker	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, end year) ? ? 1856	I last saw h_SV elive on
7. AGE Yaars Months Deys If LESS than	to have occurred on the data stated above, at
80 ? 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:  Date of ones
8. Trade, profession, or particular kind of work dona, as SPINNER, Louiseurfe SAWYER, BOOKKEEPER, etc.	Carlier (aloner
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc  10. Date daceased last worked at this occuration (month and	Patient weed door
10. Date daceased last worked at this occupation (month and yaar)	how and
12. BIRTHPLACE (city or town) Trederick Co	Othar Contributory Causes of Importance:
(State or country)	
13. NAME Edward Smith	
14. BIRTHPLACE (city or town) Fresh Co. Jud. (State or country)	Name of operation Dete of What tast confirmed diagnosis? Was there an autopsy? The
15. MAIDEN NAME Martha Dailer	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Plantha Daile	Accident, suicide, or homicide?
(Stata or country)  17. INFORMANT  17. INFORMANT	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) Frederick Tred	
18. BURIAL, CREMATION, OR REMOVAL Place Tredirect Med Data Nov 9 1936	Manner of injury
barning Sono Genz Ala	24. Was disease or injury in any way related to occupation of deceasad?
19. UNDERTAKER 16. 2. 10 time Vol. (Addrass) Frederick Tred.	If so, specify
20. FILED 7- Non., 1936. Dra J. In Turle Registrar.	(Signed) G Backer M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
V S. I				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			3-1-27-35	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

S. Lorence Jr.

	51	AILO	F MAR	YLAND-	CERTIFICATE OF DEATH
2	1. PLACE OF DEAT	Н			95-7
	County Frede	rick	Firdn	the Corporate	
1	Village or City Fr	ederick			No. 120 ICO Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city	or town where de	ath occurred	Olt vrs mos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?yrsmosds.
		Robert			If U.S. Veteran, specify WAR None
		120 Ice	(1.5	a Jan I	Silva . Ward.
-	(a) Residence: No		(Usual place	of abode)	If nonresident give city or town and State
	PERSONAL AND	STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
		or RACE	5. SINGLE, MAR OR DIVORCE Marri	RIED, WIBOWED, D'Owrite the word) OC	21. DATE OF DEATH November 20th, 193 6 (Month) (Oey) (Year)
5a.	. If married, widowed, or divorce HUSBANO of (or) WIFE of Mar	ia Wesl	еу		22. 1 HEREBY CERTIFY. That I attended decessed from
	DATE OF BIRTH (month, day,	and year) M	av 6. 1	.882	Hast saw h im elive on New 18 1936: death is said
-	AGE Years	Months	Oays	If LESS than	to have occurred on the date stated ebove, at 8:45Pm.
	54	6	14	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
OCCUPATION	8. Trade, profession, or par kind of work done, a SAWYER, BOOKKEEP	s SPINNER, ER, etc	Laborer		Car diac Disease things
UPA	9. Industry or business in work wes done, as SI SAW MILL, BANK, et	which LK MILL,			on's.
OCCI	10. Oate deceased lest work this occupation (monty year)	nd at	11. Total ti	ime (years) nt in this 30	
12	BIRTHPLACE (city or town) (State or country)	Va.			Other Contributory Causes of Importance:
ER	13. NAME Joseph	h Wars			
FATHER	14. BIRTHPLACE (city or tow (State or country)	vn)Va•			Name of operation Date of Was there an autopsy?
ER	15. MAIOEN NAME M	aria E.	(Last	name	23. If deeth was due to external causes (VIOLENCE) filt in elso the following:
MOTHER	16. BIRTHPLACE (city or tow (Stete or country)	(m)Va.	unkn	own)	Accident, suicide, or homicide? Date of Injury, 19
17	(Address) 120 I	Robert	R Wars		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18	BURIAL, CREMATION, OR RE	MOVAL Fa	rview	Cemetery	Manner of Injury
	Place Frederi	ck, Md.	Oate	23,,19.36.	Neture of injury
19	O. UNOERTAKER M. R. (Address) Fred	Etchi erick,	son & S	on	24. Wes disease or injury in any way related to occupation of deceased?
20	CHED 3- NAVE 10	30.000	C. 700	Carpen	(Signed) U. Journ M. O.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 81 1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		*	

	infor-	state	CUPA-	
M)	item of	should	of OCC	
1	INK-THIS IS A PERMANENT RECORD. Every item of infor-	E should be stated EXACTLY. PHYSICIANS should state	it it may be properly classified. Exact statement of OCCUPA-	/
Ö	T RECO	H. L.	Exact	
ESERVED FOR BINDING	RMANEN	XACTL	classified.	
FOR BI	IS A PE	stated E	properly	on back of certificate.
Q	HIS	pe	pe	of o
ERVI	VK-T	should	it may	n back
(3)	Ï	9	+	0

1.	1. PLACE OF	SIAIL		YLAND-	CERTIFICATE	OF DEATH	11212
1			Milth is the C		(121)		3
		rederick.			· · · · · · · · · · · · · · · · · · ·	Registration Dist. No.	- <del>-</del>
1	Village or Ci	ity Frederi	ok. Ild.	Ū	No. J. A.	ution, give its NAME instead of street	t.,Ward
1	Langth of rasio	dence in city or town whe	re daath occurred.,		ds. How long in U.S. If	a distribution of the state of	
	2. FULL NA	ME Edit	( ! W	illiam	S If U. S. Veteran,	specify WAR	
1	(a) Resident	e: No. Dr . Ri	ggs' Sani	tarium	st: Ward Ma	astinsburg /1	, la J
0	(a) nesidon		(Usual place	of abode) (8, y	rs.")	If nonresident give any or tow	n and State
	PERSON	AL AND STATIS	STICAL PARTI	CULARS	MEDICAL C	ERTIFICATE OF DEAT	тн
	SEX	4. COLOR OR RACE		RIED, WIDOWED, L'write the word)	21. DATE OF DEATH	ar 4	
	Female	.hite	Sing			(Month) (Day)	(Yaar)
5a	I. If married, widow HUSBAND of	ed, or divorced			22. Ma I HEREB	Y CERTIFY. That I att	andad decased from
1	(or) WIFE of			7	nory	19.3 Gto 2200	4 1936
. 6	DATE OF BIRTH (	month, day, and yaer)	August 7.	1880	I last sew he alive on	mor 4 19	3. Li death Is said
	AGE Yae		Days	If LESS than	to heve occurred on the dete stat	ad above, et. 4 P.m.	
	56	2	28	1 dey,hrs.	The PRINCIPAL CAUSE OF DEA	TH and ralated ceuses of importence	
7	8. Trada, profas	8. Trada, profassion, or particuler			Den Cen	tonites	Date of onset
OCCUPATION	SAWYER,	vork done, as SPINNER, BOOKKEEPER, etc	Donne	stie	Rusture	1 aspend	w kn/3
HER   S OCCUPAT	9. Industry or I work was	business In which s done, as SILK MILL, .L, BANK, atc			7	1//	/
3	SAW MIL	L, BANK, atc ed last worked at	11. Total ti	ma (veare)		/ V	
ō		petion (month and 19	sper sper	nt in this			
		D 0 m2-		Jest Wa	Dther Contributory Causes of Imp	oortance:	
12	2. BIRTHPLACE (cit (State or coun		1.0,	man.v.va.	Wear ent	a Joec ov	
ER	13. NAME Ed	lward Clas	ette Will	iams	Chausen	I from Rig	as carte
		Ron	kley Co	W. Va/	Name of operation.	uf for perat	
FAT	(Stata or	(city of town)	3.		What test confirmed diagnosis?	Was the	re an autopsy?
HER	15. MAIDEN NA	ME Laura He	nshaw			ouses (VIOL ENCE) fill in also the fo	
MOTHER	16. BIRTHPLACE	(city or town) Ber	kley Co.,	W. Va.		Dete of Injury	
X	(Stete or				Where did injury occur?	*****	
	7. INFORMANT	Or. George	F. Riggs		Specify whether injury occurred	(Specify city or town, county a in INDUSTRY, In HOME, or in PUBL	nd Stete) .1C PLACE.
18	(Address) ]	iamsville	. Md .			***************************************	
18	8. BURIAL, CREMAT	ION, OR REMOVAL	ra h	, 5,	Manner of Injury		
	Plece//Lat	stinstrung	Date 9.	19.36	Neture of Injury	*	
19	9. UNDERTAKER	6.E. 6K	ene t	Long	24. Was disaase or Injury In any	way related to occupation of decease	nd? No
	(Addrass)	Frede	rex ?	ud,	If so, specify	DAL	
20	O. FILED - NO	v 136	Mille	ed.	(Signad)	Jongni	M. D.
		,		Registrar.	(Address)	pre alre	IL Me

11424

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 7008	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH  County 71 redrik 60  Village or City 2 arfield  (If	Registration Dist. No. 13	14
Village or City Parfield	Registration Dist. No.	
	No. St.,  death occurred in a hospital or institution, give its NAME instead of street and n	War
Length of residence In city or town where death occurredyrsmos	ds. How long in U.S. if of foraign birth?yrsmo	osd
2. FULL NAME Amos Richard (W.	elf	
(a) Residence: No. Sarfield Mil. (Usual place of abode)	St., Ward.  If nonresident give city or town and it	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Mole  While  Transition	21. DATE OF DEATH	, 193 6
5a. If merried, widowed, or divorced	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of Husband of Bayelle Walf	22. I HEREBY CERTIFY, That I attended of mon 2/ 1936, to on 2/	decaased from
6. DATE OF BIRTH (month, day, and year) December 28=1869	I last saw harma aliva on on on 2/ 1936	; death Is sai
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at 12-152m.	
66 90 2/ ormin.	The PRINCIPAL CAUSE OF DEATH and reletad causes of importance were as follows:	Date of onest
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER ROUKKEFER atc	00	Date of ones
SAWYER, BOOKKEEPER, etc.	Lobar menning	James
9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc		220
10. Date decaasad last worked at 11. Total tima (years)		
this occupation (month and year)		
12. BIRTHPLACE (city or tows)	Other Contributory Causes of importance:	
(State or country) Fredrick be and		
13. NAME Henry Walk		
13. NAME Herry Walls  14. BIRTHPLACE (city or town I'm dhele be and	Nama of operation	
(State or country)	What tast confirmed diagnosis? Was there an au	utonsv?
15. MAIDEN NAME Coothern Smith	23. If death was dua to external causes (VIOL ENCE) fill In also tha following:	
16. BIRTHPLACE (city or town) I'me drick lea mid	Accident, suicide, or homicide? Date of injury	
∑ (State or country)	Whera did injury occur?	
17. INFORMANT Roke Wolf	(Specify city or town, county and State. Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLAI	CE.
(Address) Smithsburg		
18. BURIAL, CREMATION, OR REMOVAL  Pieca Drumb Belhel Dete 23 1936	Manner of injury	
Pieca Munk Bull Dete ha 93 , 1936	Nature of injury	
19. UNDERTAKER Cornory July (Address) Emilhaburg	24. Was disaese or injury in any way rolated to occupation of decaesed?	
20. FILEO Jun 22. 1936 Walloff Registrar.	(Signed) Dy Dicfaces  (Addrass) Smithibus and	М. Г

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Example I	i	Example II	
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Chronic interstitial nephritis DFC 5 1938	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11476
1. PLACE OF DEATH	(731)
County Frederick	Registration Dist. No. 13 Q
Village or City 1000	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	
2. FULL NAME MUS. Luna Eliza.	Ulisto V. S. Veteran, specify WAR Mane
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Temple white OR DIVORCED (critic the word)	(Month) (Oay) (Year)
53. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert F. Morisht	22. I HEREBY CERTIFY, Thet I ettended decessed from
6. DATE OF BIRTH (month, day, and year)	I last saw h A allve on May 2/ 1936 : death is said
7. AGE Years Months Oays If LESS than I day,hrs. or	to have occurred on the date stated above, at /2:10 P.m.
78 80 C 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER	Data of onset
kind of work done, as SPINNER, Advanced by SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, Advanced by Work was done, as SILK MILL, Advanced by SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month and	Browles Dulumonia frimary 11-14-36
work was done, as SILK MILL, A Morel	M. Words & lauer laues
0 10. Oate deceased last worked at this occupation (month and /// 2 spent in this	
year) occupation O.O.	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) Desgree (State or country)  CE 13. NAME (Large) Pitches	Ctical to a line
	untiro sellatie Cardio vareular
13. NAME (Cary of town) Alexandra	Name of operation Date of
(Sate of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Catherine Hetpuer	23< If death was due to external causes (VIOLENCE) fill in elso the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Oate of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT  (Address)  18. RIIRIAI CREMATION, OR DEMOVAL	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR SEMOVAL	Menner of Injury
Plece At Audil-La Date Maria 19.34  19. UNOERTAKER ALL ALL SONT Sport	Nature of Injury
19. UNDERTAKER MINITY Toluson & Sport	. Was disease or injury in any way related to occupetion of deceased?
(Address) Liebburels, Mg	If so, specify
20. FILEO 354122, 1936 Jan 11 Celen	(Signed) Mallo V. Brack, M. D. M. D.
Registrar.	(Address) / Chile Talalin (Alla)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting USS. No. 2.

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Example, L		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 5-0 2000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 2	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

A A	SIAI
inf sta UP	1. PLACE OF DEATH
of CC CC	County Fredere
item of infor should state of OCCUPA	Village or City Doc
	Length of residence in city or town
YSICIANS statement	2. FULL NAME Ref
J. E	7
IYS st:	(a) Residence: No.
RECC PH Exact	PERSONAL AND STA
Ex.	3. SEX 4. COLOR OR RA
L' L'	male while
FOK BINDING IS A PERMANEN' stated EXACTL properly classified. ertificate.	5a. If married, widowed, or divorced HUSBAND of
RMA X A class	(or) WIFE of dunc
ER EX cl	6. DATE OF BIRTH (month, day, end yea
	7. AGE Yeers Mo
FOR IS A I stated properlertifica	70 3
70	8. Trada, profession, or perticular kind of work done, as SPINI SAWYER, BDOKKEEPER, etc.
ED THIS I be V be k of	
SEKVI NK—T should it may in back	work was done, as SILK MIL SAW MILL, BANK, etc.
INK Shart it on	9. Industry or business in which work was done, as SILK MIL SAW MILL, BANK, etc
KESEKVEUNG INK—THIS AGE should be that it may be ions on back of	year)
	12. BIRTHPLACE (city or town)
ARGIN UNFADI pplied. terms, so instruct	(State or country)
UNFA supplied n terms, ee instru	I 13. NAME LOC.
H U sup	14. BIRTHPLACE (city or town)
F 5 5	(State of country)
Carefully TH in pla	15. MAIDEN NAME Mac
AINLY, W ld be careft DEATH in	16. BIRTHPLACE (city or town) (Stete or country)
be be imp	17 /101
E PLAINLY, WI should be careful OF DEATH in p	17. INFDRMANT (Address)
E PL. shoul	18. BURIAL, CREMATION, AN REMOVAL
B.—WRITE mation sh CAUSE C	Place Tours
WRIT mation CAUSE	19. UNDERTAKER M. D.
E E O E	(Address) faede

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	46-B
County Frederick	Registration Dist. No. 130
Village or City Doub	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME Rebert Tee Wire	ght if U. S. Veteran, specify WAR Mone
(a) Residence: No. Cub. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write therword)	21. DATE OF DEATH Nov. 20, 193 6
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of arma Pitchie	22. I HEREBY CERTIFY, That I attanded decaasad from
6. DATE OF BIRTH (month, day, end year) July 27, 1866	I last saw here alive on how. 20 ,1936; deeth is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at 11:30P.m.
70 3 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Trade profession or postinular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Carlingra of the Standly 1935 (?)
S. Hade, profession, or perticular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date decessed last worked at this occupation (month and COCC)  11. Total time (years) spent in this	, , , , , , , , , , , , , , , , , , , ,
10. Date decessed last worked at this occupation (month and 0/36 spent in this year)	
M )	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town)	
(State or country)	
14. BIRTHPLACE (city or town) Ninguis	
4 14, BIRTHPLACE (city or town)	Name of operationDate of
(State of Country)	What test confirmed diagnosis? Was there en autopsy? Mo
15. MAIDEN NAME Mary Sandbauer	23. If death was due to externel causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of injury19
E (State or country)	Whare did injury occur?
17. INFORMANT ( ) Le a Minglet (Address) Of the a a control of the anglet (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	
Place of Pauls Charle May 25 19 3	Manner of injury
19. UNDERTAKER M. P. Tchison & Son	24. Was diseasa or injury in any way reletad to occupation of deceased?
(Address) fae de riole Ma	If so, specify
20 FUED 2000 3.2 103/ Prof 100 1 - 1	(Signed) Charles N. Orelly M.D.
20. FILED MOV 272, 199 6 Profile Registrar.	(Address Poulleystamb Toud.
If more blanks are needed, address State Registrar,	24x t N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1000			
Other contributory causes of importance:		Other contributory causes of importance:	375
Gallstones	May 1,1923	Gastroenteritis	1 year